

<i>SERFF Tracking Number:</i>	<i>AMMH-125829071</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40368</i>
<i>Company Tracking Number:</i>	<i>AR-OECEPOL(7/08)</i>		
<i>TOI:</i>	<i>CR02G Group Credit - Credit Disability</i>	<i>Sub-TOI:</i>	<i>CR02G.001 Monthly Premium - Open-End</i>
<i>Product Name:</i>	<i>AR-OECEPol (7/08)</i>		
<i>Project Name/Number:</i>	<i>AR-OECEPol (7/08)/AR-OECEPol (7/08)</i>		

Filing at a Glance

Company: American Modern Life Insurance Company

Product Name: AR-OECEPol (7/08)

SERFF Tr Num: AMMH-125829071 State: ArkansasLH

TOI: CR02G Group Credit - Credit Disability

SERFF Status: Closed

State Tr Num: 40368

Sub-TOI: CR02G.001 Monthly Premium -
Open-End

Co Tr Num: AR-OECEPOL(7/08)

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Joe Elms

Disposition Date: 10/08/2008

Date Submitted: 09/25/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR-OECEPol (7/08)

Status of Filing in Domicile: Authorized

Project Number: AR-OECEPol (7/08)

Date Approved in Domicile: 09/05/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 10/08/2008

State Status Changed: 10/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The referenced forms are being submitted for your review and approval. These forms are new and are not intended to replace any form previously approved by your Department. All required transmittal certifications are enclosed. The submitted forms provide both credit life and credit disability written on a group basis to be written primarily through credit union accounts.

Form AR-OECEPol (7/08) is the group master policy that will be issued to the creditor. The provisions pertaining to the creditor master policyholder's rights and obligations are contained in the policy. Master policy application, form AR-

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MPApp (7/08), will be attached to the master policy at issue. The Creditor will select the maximum term (for closed-end coverage) and maximum amounts based on their specific lending requirements. The Creditor will also choose from the various optional benefits contained in the Master Policy Application, which include, for LIFE:

- a. Single and Joint coverage
- b. Coverage issued on a full term basis
- c. Coverage issued on a truncated term basis (for closed-end coverage)
- d. Whether the suicide exclusion will be included or excluded

For DISABILITY:

- a. Single coverage
- b. Coverage issued on a full term basis
- c. Coverage issued on a truncated term basis (for closed-end coverage)
- d. Retroactive or non-retroactive disability benefit using either a 14 or 30 day waiting period
- e. Standard benefit
- f. Standard benefit with Lump Sum
- g. Critical Period benefit and the maximum number of critical period benefit payments
- h. Whether pre-existing condition exclusion will be included or excluded
- i. Whether the use of an actively-at-work requirement for disability will be included or excluded in the Debtor's application

Based on the Creditor's choices, customized applications and certificate will be issued to each insured Debtor. Application form AR-AWDApp (7/08) contains an optional actively-at-work eligibility statement for disability only. Application form AR-HQApp (7/08) contains optional health questions with multiple options of material health conditions. Based upon the form requirements of each Creditor, the health questions will be customized by account.

Form AR-OECECert (7/08) is a group open or closed-end certificate of insurance that will be issued to eligible debtors of the creditor. The certificate provides full term single and joint credit life, offered on a full or truncated basis, and customized to cover or exclude suicide. Single credit disability is also available issued as standard, standard wit lump sum or critical period benefits. Disability coverage is offered on a 14 or 30-day retroactive or non-retroactive basis, and may be customized to cover or exclude pre-existing conditions. When critical period coverage is selected, the maximum critical period benefit will be indicated in each Debtor's Schedule. When closed-end coverage is offered, both life and disability coverages may be truncated.

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Form AR-Disc (7/08) may be included in each Debtor's form package. The disclosure contains the rates applicable to the disability coverage selected and offered to each Debtor, as well as general information regarding credit life and disability coverages.

Life and disability rate packages are included which address the calculation of each benefit option.

All variable information is bracketed, and is more fully described in the attached Statement of Variability. Variable items will never be more than the maximum or less than the minimum required by your Department. Unless otherwise notified by you, we may vary the Schedule form format, (i.e., line spacing, form width, height, etc) to meet the system requirements of future accounts. No items will be added or deleted; only the format will vary.

Company and Contact

Filing Contact Information

Joe Elms, Vice President FID jelms@amig.com
 7000 Midland Blvd. (800) 759-9008 [Phone]
 Amelia, OH 45102 (513) 388-5152[FAX]

Filing Company Information

American Modern Life Insurance Company CoCode: 65811 State of Domicile: Ohio
 7000 Midland Blvd. Group Code: 127 Company Type: Life
 Amelia, OH 45102 Group Name: State ID Number:
 (800) 759-9008 ext. [Phone] FEIN Number: 86-6052181

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per form filing/ \$50 per rate filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Modern Life Insurance Company	\$100.00	09/25/2008	22710969

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/08/2008	10/08/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	10/07/2008	10/07/2008	Joe Elms	10/08/2008	10/08/2008
Industry						
Response						

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Disposition

Disposition Date: 10/08/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Product Name: AR-OECEPol (7/08)

Project Name/Number: AR-OECEPol (7/08)/AR-OECEPol (7/08)

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Group Master Policy		Yes
Form (revised)	Group MP Application		Yes
Form	Group MP Application	Replaced	Yes
Form (revised)	Debtor Application		Yes
Form	Debtor Application	Replaced	Yes
Form (revised)	Debtor Application		Yes
Form	Debtor Application	Replaced	Yes
Form (revised)	Debtor Application		Yes
Form	Debtor Application	Replaced	Yes
Form	Debtor Certificate		Yes
Form	Debtor Disclosure		Yes
Rate	MOB Life Rates		Yes
Rate	Actuarial Memo		Yes
Rate	Single Dis Open-End Rates		Yes
Rate	Single Dis Closed-End Rates		Yes
Rate	Terminal Illness Benefit Rates		Yes
Rate	Single Dis Lump Sum Rates		Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/07/2008

Submitted Date 10/07/2008

Respond By Date

Dear Joe Elms,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group MP Application (Form)
- Debtor Application (Form)
- Debtor Application (Form)
- Debtor Application (Form)

Comment: Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/08/2008

Submitted Date 10/08/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Attached are revised copies of each application, which now contain the required Fraud Notice.

Related Objection 1

Applies To:

- Group MP Application (Form)

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Product Name: AR-OECEPol (7/08)

Project Name/Number: AR-OECEPol (7/08)/AR-OECEPol (7/08)

- Debtor Application (Form)
- Debtor Application (Form)
- Debtor Application (Form)

Comment:

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group MP Application	AR-MPApp (7/08)		Application/Enrollment Form	Initial		47	AR MPApp 7-08REV.pdf
Previous Version							
Group MP Application	AR-MPApp (7/08)		Application/Enrollment Form	Initial		47	AR MPApp 7-08.pdf
Debtor Application	AR-AWDApp (7/08)		Application/Enrollment Form	Initial		45	AR AWDApp _7-08_REV.pdf
Previous Version							
Debtor Application	AR-AWDApp (7/08)		Application/Enrollment Form	Initial		45	AR AWDApp _7-08_.pdf
Debtor Application	AR-HSApp (7/08)		Application/Enrollment Form	Initial		45	AR HSApp _7-

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08_REV.p
df

Previous Version

<i>Debtor Application</i>	AR- HSApp (7/08)	<i>Application/Enrollment Form</i>	<i>Initial</i>	45	AR HSApp _7-08_.pdf
<i>Debtor Application</i>	AR- HQApp (7/08)	<i>Application/Enrollment Form</i>	<i>Initial</i>	45	AR HQApp _7- 08_REV.p df

Previous Version

<i>Debtor Application</i>	AR- HQApp (7/08)	<i>Application/Enrollment Form</i>	<i>Initial</i>	45	AR HQApp _7-08_.pdf
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No Rate/Rule Schedule items changed.

Sincerely,
Joe Elms

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Form Schedule

Lead Form Number: AR-OECEPol (7/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AR-OECEPol (7/08)	Policy/Cont Group Master Policy	Initial			50	AR OECEPol 7-08.pdf
	AR-MPApp (7/08)	Application/ Group MP Enrollment Form	Initial			47	AR MPApp 7-08REV.pdf
	AR-AWDApp (7/08)	Application/ Debtor Enrollment Form	Initial			45	AR AWDApp _7-08_REV.pdf
	AR-HSApp (7/08)	Application/ Debtor Enrollment Form	Initial			45	AR HSApp _7-08_REV.pdf
	AR-HQApp (7/08)	Application/ Debtor Enrollment Form	Initial			45	AR HQApp _7-08_REV.pdf
	AR-OECECert (7/08)	Certificate	Debtor Certificate	Initial		53	AR OECECert Final _7-08_.pdf
	AR-Disc (7/08)	Other	Debtor Disclosure	Initial		45	AR Disclosure.pdf

AMERICAN MODERN LIFE INSURANCE COMPANY

7000 Midland Boulevard, Amelia, Ohio 45103

(Called we, us, our, or the Company)

Policy Date: []

Policy Number: []

Subject to the terms of this Policy, We agree to offer insurance to eligible Debtors of:

[Any Creditor, and subsidiaries, affiliates or related companies

Any Street, Any City, Any State 00000]

(Called Policyholder, You, or Your)

Insured Debtors are Your eligible Debtors that elect the insurance provided by this Policy.

We agree to pay benefits according to the terms of this Policy.

Consideration. Your application and payment of the required premium has put this Policy in force.

Policy Term. The Policy goes into effect on the Policy Date shown above. It is issued for an initial term of one year. It is automatically renewed from month to month by payment of the required premiums, subject to the Termination provision. Each Policy Term begins and ends at 12:01 A.M. Standard Time, at Your main office.

INSURING PROVISIONS

Eligibility. Eligible Debtors are defined in the attached Master Policy Application.

Insurance Amounts. The Maximum Amount of Insurance and the Maximum Monthly Benefit Amount for each Debtor's account are indicated in the Master Policy Application. The Amount of Insurance applicable to any one Debtor is defined in the Certificate of Insurance.

Individual Certificates. A Certificate of Insurance, stating the terms of the insurance, will be issued to each Debtor.

EFFECTIVE DATE OF DEBTOR'S INSURANCE.

CLOSED-END. For eligible Debtors who request coverage concurrent with the signing of the credit agreement, or within 30 days thereafter, insurance will be effective on the date of the request. For Eligible Debtors who request insurance more than 30 days after the date of the credit agreement, we have 30 days from the date of the Debtor's application to accept or decline coverage. If accepted, the Effective Date of insurance will be shown in the Debtor's Schedule.

OPEN-END. For eligible Debtors who request coverage insurance will be effective on the date of the request. The account will be updated to activate billing on the first day of the next billing cycle after the request is accepted. In either event, the Issue Date of insurance will be shown in the Debtor's Schedule.

PREMIUMS

Premium Rates. Rates for the insurance provided by this Policy are shown on the attached Premium Rate Schedule. Rates are subject to the Premium Change provision contained in the Certificate of Insurance. The amount of premium collected by You may not exceed the premium rate We charge.

Payment of Premiums. All premiums are payable by You to Us at Our Administrative Office. For open-end coverage, the premium charge for insurance is based on each Debtor's previous months' balance and is calculated using either: (a) the average daily balance multiplied times the monthly rate; or (b) the ending billing balance multiplied times the monthly rate; or (c) any other premium calculation method indicated in the Master Policy Application.

Grace Period. A grace period of 31 days will be allowed for the payment of any monthly premium due under this Policy except the first. If any monthly premium is not paid within the grace period, this Policy and all insurance on the lives of Debtors will terminate. Such termination will be in accordance with the Termination provision of this Policy.

ADDITIONAL PROVISIONS

Records; Information To Be Furnished. Particulars required by Us concerning: (a) covered Debtors; (b) eligible Debtors proposed to be covered; and (c) insured Debtors whose coverages are to be changed or cancelled must be furnished monthly on forms acceptable to Us. Your books and records that may have a bearing on this insurance must be open for Our inspection. Such inspection may be at any reasonable time during the Policy term and within one year after this Policy terminates.

Clerical Error. Your clerical error will not invalidate insurance otherwise in force or continue insurance otherwise terminated. When an error is discovered, premiums will be adjusted accordingly.

Termination. Either party may terminate this Policy by giving the other party a [30]-day notice of the termination. Coverage of Debtors will stop at the end of such [30]-day period.

Policy Change. This Policy contains all agreements between You and Us. No agent may alter this Policy. Changes in this Policy can only be made by an endorsement to the Policy issued by Us.

Coverage and Individual Provisions. The coverage and individual provisions for this Policy are in the Certificate of Insurance. A copy of the Certificate of Insurance is attached to and made a part this Policy.

Free Look. The insurance provided under this Policy may be cancelled at any time. If a Debtor requests cancellation of coverage within the first 30 days after receipt of the Certificate, any premium paid will be refunded.

This Policy is signed on Our behalf by Our Secretary and President.

[]
Secretary

[]
President

Group Credit Insurance – Monthly Outstanding Balance
Single or Joint Credit Life Insurance and Single Credit Disability Insurance

GROUP CREDIT INSURANCE MASTER POLICY APPLICATION

is hereby made to

AMERICAN MODERN LIFE INSURANCE COMPANY

Amelia, Ohio

(Called we, us, our, or the Company)

for: ☐ Open-end Monthly Outstanding Balance

for: ☐ Closed-end Monthly Outstanding Balance

Group Credit Insurance Master Policy covering eligible Debtors of:

CREDITOR NAME. [Any Creditor and subsidiaries, affiliates or related companies]

(Called Policyholder, you, or your)

CREDITOR ADDRESS. [Any Street, Any City, Any State 00000]

PREMIUM CALCULATION METHOD

☐ Monthly

☐ Balance upon which finance charges are calculated ☐ Average daily balance ☐ Ending balance

☐ Daily

LIFE COVERAGE

To be eligible, the Debtor must: (a) be under age [66]; (b) agree to pay the required premium; and (c) have accounts that are in good standing with you. When Joint Life coverage is elected, the Joint Debtor must also meet the eligibility requirements. No coverage is provided to any partnership, corporation, or association.

Benefit Provided:

☐ Single Coverage

☐ Joint Coverage

☐ Full Term

☐ Truncated Term

☐ Standard Life

☐ Standard Life with Terminal Illness Benefit

Suicide Exclusion

☐ is included

☐ is excluded

Maximum Amount of Life Insurance per Debtor

[\$[10,000.00]

Maximum Term for Closed-End Coverage

[120] months

DISABILITY COVERAGE

To be eligible, the Debtor must: (a) be persons under age [66]; (b) agree to pay the required premium; and (c) have accounts that are in good standing with you.

Benefit Provided:

☐ Single Coverage

☐ Truncated Term

☐ Full Term

Retroactive

☐ 14-Day

☐ 30-Day

Non-Retroactive

☐ 14-Day

☐ 30-Day

☐ Standard Benefit

☐ Standard with Total & Permanent Lump Sum Benefit

☐ Critical Period:

Maximum # of Critical Period Benefits ☐ 12

☐ 24

☐ 36

Pre-Existing Condition Exclusion

☐ is included

☐ is excluded

Maximum Amount of Disability Insurance per incidence. **[\$[5,000.00]**

Maximum Monthly Benefit **[\$[5,000.00]**

Maximum Term for Closed-End Coverage

[120] months

A signed copy of this Application is to be attached to the Policy. It is agreed that this Application replaces any previous Application for the Policy.

This insurance will be effective from 12:01 A. M. Standard Time at your address on the date this Policy is issued. The undersigned represents that he or she has the authority to act for the Creditor in making application for a Monthly Outstanding Balance Group Credit Insurance Master Policy to **American Modern Life Insurance Company**.

Date : _____

Creditor (Policyholder)

Place: _____
City State

by _____
Signature

Title

ARKANSAS INSURANCE DEPT. TOLL FREE TELEPHONE NO. 1-800-852-5494

If you have any questions regarding your insurance or should a problem or complaint arise, please contact us. at 7000 Midland Boulevard, Amelia, Ohio 45103 [513-XXX-XXXX]. You may also obtain assistance from the Arkansas Insurance Dept., Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904, 501-371-2640.

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

American Modern Life Insurance Company7000 Midland Blvd., Amelia, Ohio 45102
(Called the Company, We, Us, or Our)**CERTIFICATE NUMBER: [XX 123456789]****SCHEDULE**

<input type="checkbox"/> OPEN-END		MONTHLY OUTSTANDING BALANCE CREDIT LIFE & DISABILITY INSURANCE		<input type="checkbox"/> CLOSED-END	
PRIMARY DEBTOR [JOHN DOE]		SS # [xxx-xx-xxxx]		ADDRESS [123 Any Street, Any City, XX 00000]	
JOINT DEBTOR (Life only)		SS #		ADDRESS	
CREDITOR BENEFICIARY [ABC Credit Union, 987 Any Street, Any City, XX 00000]		SECOND BENEFICIARY [Jane Doe, wife]			
Loan #: [91919191919]		Customer # [19191919191]		GROUP POLICY # [987654 XX]	
LOAN:				Effective Date	Term in Months
Amount Financed: \$[10,000.00]				Balloon Amount: \$[10,000.00]	LIFE ONLY
APR %					
LIFE INSURANCE:				Effective Date	Term in Months
Initial Amount of Insurance: \$[10,000.00]				Closed-End Estimated Premium: \$[.xxxxx]	
<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life				Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____	
Coverage Selected: <input type="checkbox"/> Standard Benefit <input type="checkbox"/> Truncated: Closed-End ONLY <input type="checkbox"/> Life with Terminal Illness Benefit					
DISABILITY INSURANCE				Effective Date	Term in Months
Monthly Disability Benefit: \$[1,000.00]				Closed-End Estimated Premium: \$[.015]	
<input type="checkbox"/> Single Disability				Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____	
Coverage Selected: <input type="checkbox"/> Standard <input type="checkbox"/> Truncated: Closed-End ONLY <input type="checkbox"/> Standard with Lump Sum Benefit					
<input type="checkbox"/> Critical Period: _____				Maximum Number of Monthly Benefit [12]	
[Pre-Existing Medical Condition Exclusion Applies: <input type="checkbox"/> Yes <input type="checkbox"/> No]				Waiting Period [30] DAYS <input type="checkbox"/> Retroactive <input type="checkbox"/> Non-Retroactive	
Maximum Limits Apply Per: <input type="checkbox"/> Loan <input type="checkbox"/> Debtor		Maximum Term of Insurance Life: [120] Months Disability: [120] months		Maximum Amount of Life Insurance: \$[10,000]	Maximum Monthly Disability Benefit \$[1,000]
Maximum Age [on Effective Date] [at Loan Maturity]: LIFE: [66] years		DISABILITY: [66] years		Insurance Stops on YOUR: [66th] birthday for LIFE [66th] birthday for DISABILITY	

APPLICATION:

Primary Debtor			
ANSWER THE FOLLOWING IF DISABILITY COVERAGE IS REQUESTED: (AVAILABLE FOR THE PRIMARY DEBTOR ONLY)			
[Yes No] <input type="checkbox"/> <input type="checkbox"/>	[Initials] []	1. Have you, during each of the [4] weeks prior to the effective date shown above, been: a) actively at work for wages or profit; and b) physically present at your place of employment and performed substantially all of the duties of your occupation or employment for at least 30 hours per week?	

IMPORTANT NOTICE: The truthfulness of your answers will not be investigated until a claim is filed. We are relying on the truthfulness of your answers in issuing a Certificate of Insurance. If you cannot truthfully answer "YES" to question 1 above, you should not sign this Application or pay the premium or accept delivery of the Certificate of Insurance because any claim may be denied. No one has the authority to alter or waive our requirement of truthfulness.

[CLOSED-END COVERAGE ONLY IF TRUNCATED COVERAGE IS SELECTED, INSURANCE COVERAGE IS NOT PROVIDED FOR THE FULL TERM OF THE LOAN. BENEFITS ARE PAYABLE ONLY IF THE COVERED LOSS OCCURS DURING THE INSURANCE TERM.]

[DISABILITY CAUSED BY PRE-EXISTING CONDITIONS MAY NOT BE COVERED.]

[TERMINAL ILLNESS. You can file a claim if you have a terminal illness which in the opinion of a licensed physician will result in your death in [6] months or less. Receipt of a terminal illness benefit may be taxable, and you should seek assistance from a personal tax advisor. Payment of a terminal illness benefit will stop all coverage under this certificate.]

FREE LOOK: THE PURCHASE OF THIS INSURANCE IS COMPLETELY VOLUNTARY. I CAN CANCEL THIS INSURANCE AT ANY TIME. IF I CANCEL WITHIN 30 DAYS AFTER I RECEIVE THIS CERTIFICATE ANY PREMIUM CHARGED WILL BE CREDITED TO MY ACCOUNT.

ARKANSAS INSURANCE DEPT. TOLL FREE TELEPHONE NO. 1-800-852-5494

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DO NOT SIGN BELOW UNLESS YOU HAVE READ THE STATEMENTS ABOVE

X _____ Date of Birth _____
PROPOSED PRIMARY DEBTOR (APPLICANT)

X _____ Date of Birth _____
PROPOSED JOINT DEBTOR (APPLICANT)

American Modern Life Insurance Company

7000 Midland Blvd., Amelia, Ohio 45102

(Called the Company, We, Us, or Our)

CERTIFICATE NUMBER: [XX 123456789]

SCHEDULE

<input type="checkbox"/> OPEN-END	MONTHLY OUTSTANDING BALANCE CREDIT LIFE & DISABILITY INSURANCE		<input type="checkbox"/> CLOSED-END
PRIMARY DEBTOR [JOHN DOE]	SS # [xxx-xx-xxxx]	ADDRESS [123 Any Street, Any City, XX 00000]	AGE [35]
JOINT DEBTOR (Life only)	SS #	ADDRESS	AGE
CREDITOR BENEFICIARY [ABC Credit Union, 987 Any Street, Any City, XX 00000]		SECOND BENEFICIARY [Jane Doe, wife]	
Loan #: [9191919191919]		Customer # [19191919191]	GROUP POLICY # [987654 XX]

LOAN:		Effective Date	Term in Months	Expiration Date
Amount Financed: \$[10,000.00]	Balloon Amount: \$[10,000.00] LIFE ONLY	APR %		
LIFE INSURANCE:		Effective Date	Term in Months	Expiration Date
Initial Amount of Insurance: \$[10,000.00]	Closed-End Estimated Premium: \$[.xxxxx]			
<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life		Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____		
Coverage Selected: <input type="checkbox"/> Standard Benefit <input type="checkbox"/> Truncated: Closed-End ONLY <input type="checkbox"/> Life with Terminal Illness Benefit				
DISABILITY INSURANCE		Effective Date	Term in Months	Expiration Date
Monthly Disability Benefit: \$[1,000.00]	Closed-End Estimated Premium: \$[.xxx]			
<input type="checkbox"/> Single Disability		Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____		
Coverage Selected: <input type="checkbox"/> Standard <input type="checkbox"/> Truncated: Closed-End ONLY <input type="checkbox"/> Standard with Lump Sum Benefit				
<input type="checkbox"/> Critical Period: Maximum Number of Monthly Benefit [12]				
[Pre-Existing Medical Condition Exclusion Applies: <input type="checkbox"/> Yes <input type="checkbox"/> No]		Waiting Period [30] DAYS <input type="checkbox"/> Retroactive <input type="checkbox"/> Non-Retroactive		
Maximum Limits Apply Per: <input type="checkbox"/> Loan <input type="checkbox"/> Debtor	Maximum Term of Insurance Life: [120] Months Disability: [120] months	Maximum Amount of Life Insurance: \$[10,000]	Maximum Monthly Disability Benefit \$[1,000]	Maximum Total Disability Benefit: \$[10,000]
Maximum Age [on Effective Date] [at Loan Maturity]: LIFE: [66] years DISABILITY: [66] years		Insurance Stops on YOUR: [66 th] birthday for LIFE [66 th] birthday for DISABILITY		

APPLICATION:

1. I represent that I am in good health as of the effective date. I further represent that I do not have, nor have I ever had, nor have I been told I have, nor have I been treated within the last [12] months for: [Acquired Immune Deficiency Syndrome (AIDS)], [alcohol or drug abuse], [cancer], [high blood pressure] [for which [2 or more] [medication(s)] has(have) been prescribed], [insulin dependent] [diabetes], [immune system disorder], [Asthma], [Emphysema], [Crohn's Disease], [Chronic Obstructive Pulmonary Disease-COPD], [Lupus or Graves Disease], [Epilepsy, Muscular Dystrophy, Multiple Sclerosis], [stroke][or] [tumor][, or] [any disease, disorder, or injury of the [brain[, [heart[, [kidney(s)], [liver], [lung(s)], [or] [nervous], [circulatory], [neurological], [digestive] or cardiovascular system(s)]]].

THE FOLLOWING STATEMENT APPLIES TO DISABILITY COVERAGE ONLY: (AVAILABLE FOR THE PRIMARY DEBTOR ONLY)

2. I further represent that I do not have, nor have I ever had, nor have I been told I have, nor have I been treated within the last [12] months for: [carpal tunnel syndrome], [an emotional or mental disorder or condition], [rheumatoid arthritis], [degenerative disc disease], [herniated disc], [strained or sprained back muscle], [knee cartilage or [ligament damage], [whiplash or strained or sprained neck], [or an injury, disease, or disorder of the [back], [knee], [neck], [shoulder], [spine], or [joints]]].

3. I represent that, during each of the [4] weeks prior to the effective date, I have been: a) actively at work for wages or profit; and b) physically present at my place of employment and performed substantially all of the duties of my occupation or employment for at least 30 hours per week?

I agree that if I have misrepresented my health condition or my employment status my insurance coverage may be void, and the insurance company's only liability will be the refund of any premiums I have paid. I understand that a copy of the Application will be made a part of any certificate issued. No one has the authority to alter or waive our requirement of truthfulness.

[CLOSED-END COVERAGE ONLY. IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN, THIS INSURANCE WILL NOT BE ENOUGH TO COMPLETELY PAY OFF YOUR LOAN.]

[DISABILITY CAUSED BY PRE-EXISTING CONDITIONS MAY NOT BE COVERED.]

[TERMINAL ILLNESS. You can file a claim if you have a terminal illness which in the opinion of a licensed physician will result in your death in [6] months or less. Receipt of a terminal illness benefit may be taxable, and you should seek assistance from a personal tax advisor. Payment of a terminal illness benefit will stop all coverage under this certificate.]

FREE LOOK: THE PURCHASE OF THIS INSURANCE IS COMPLETELY VOLUNTARY. I CAN CANCEL THIS INSURANCE AT ANY TIME. IF I CANCEL WITHIN 30 DAYS AFTER I RECEIVE THIS CERTIFICATE ANY PREMIUM CHARGED WILL BE CREDITED TO MY ACCOUNT.

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American Modern Life Insurance Company

7000 Midland Blvd., Amelia, Ohio 45102

(Called the Company, We, Us, or Our)

CERTIFICATE NUMBER: [XX 123456789]

SCHEDULE

<input type="checkbox"/> OPEN-END	MONTHLY OUTSTANDING BALANCE CREDIT LIFE & DISABILITY INSURANCE				<input type="checkbox"/> CLOSED-END					
PRIMARY DEBTOR [JOHN DOE]		SS # [xxx-xx-xxxx]		ADDRESS [123 Any Street, Any City, XX 00000]		AGE [35]				
JOINT DEBTOR (Life only)		SS #		ADDRESS		AGE				
CREDITOR BENEFICIARY [ABC Credit Union, 987 Any Street, Any City, XX 00000]				SECOND BENEFICIARY [Jane Doe, wife]						
Loan #: [91919191919]		Customer # [19191919191]			GROUP POLICY # [987654 XX]					
LOAN:				Effective Date		Term in Months		Expiration Date		
Amount Financed: \$[10,000.00]		Balloon Amount: \$[10,000.00]		LIFE ONLY		APR		%		
LIFE INSURANCE:				Effective Date		Term in Months		Expiration Date		
Initial Amount of Insurance: \$[10,000.00]		Closed-End Estimated Premium: \$[.xxxxx]								
<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life		Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____								
Coverage Selected: <input type="checkbox"/> Standard Benefit		<input type="checkbox"/> Truncated: Closed-End ONLY		<input type="checkbox"/> Life with Terminal Illness Benefit						
DISABILITY INSURANCE				Effective Date		Term in Months		Expiration Date		
Monthly Disability Benefit: \$[1,000.00]		Closed-End Estimated Premium: \$[.xxx]								
<input type="checkbox"/> Single Disability		Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____								
Coverage Selected: <input type="checkbox"/> Standard		<input type="checkbox"/> Truncated: Closed-End ONLY		<input type="checkbox"/> Standard with Lump Sum Benefit						
<input type="checkbox"/> Critical Period:		Maximum Number of Monthly Benefit		[12]						
[Pre-Existing Medical Condition Exclusion Applies: <input type="checkbox"/> Yes <input type="checkbox"/> No]				Waiting Period [30] DAYS		<input type="checkbox"/> Retroactive		<input type="checkbox"/> Non-Retroactive		
Maximum Limits Apply Per: <input type="checkbox"/> Loan <input type="checkbox"/> Debtor		Maximum Term of Insurance Life: [120] Months Disability: [120] months		Maximum Amount of Life Insurance: \$[10,000]		Maximum Monthly Disability Benefit \$[1,000]		Maximum Total Disability Benefit: \$[10,000]		
Maximum Age [on Effective Date] [at Loan Maturity]: LIFE: [70] years DISABILITY: [65] years				When Insurance Stops: YOUR [71]st birthday for LIFE YOUR [66]th birthday for DISABILITY						
APPLICATION:										
[CIRCLE ANY CONDITION(S) FOR WHICH YOU HAVE, IN THE PAST [2] YEARS, RECEIVED MEDICAL ADVICE OR TREATMENT.]										
Primary Debtor		[IF JOINT COVERAGE IS SELECTED, EACH DEBTOR MUST INITIAL EACH CONDITION THEY CIRCLED.]					[Joint Debtor]			
[Yes No] [<input type="checkbox"/> <input type="checkbox"/>		[THIS INSURANCE WILL NOT COVER YOU FOR ANY CONDITIONS THAT ARE CIRCLED.]					[Yes No] [<input type="checkbox"/> <input type="checkbox"/>			
[<input type="checkbox"/> <input type="checkbox"/>		1. Have you, In the past [2] years received medical advice or treatment or prescription medication for: [AIDS (Acquired Immune Deficiency Syndrome)] [or] [HIV (Human Immunodeficiency Virus)] [cancer], [tumor], [alcohol or drug abuse], [chronic obstructive pulmonary disease (COPD)], [high blood pressure] [for which [2 or more] medication(s) has(have) been prescribed], [stroke], [mitral (heart) valve damage], [coronary artery disease], [myocardial infarction (heart attack)], [heart arrhythmia], [insulin dependent] [diabetes] [for which [2 or more] medication(s) has(have) been prescribed], [lupus], [renal failure], [cirrhosis of the liver], [hepatitis], [irritable bowel syndrome], [Crohn's disease], [kidney], [liver], [heart] [circulatory] disease or disorder, [immune system disorder], [emphysema], or [any disease, disorder, or injury of the [brain], [heart], [kidney(s)], [liver], [lung(s)], or [nervous] [or cardiovascular] system]?]					[<input type="checkbox"/> <input type="checkbox"/>		[<input type="checkbox"/> <input type="checkbox"/>	
[ADDITIONAL] QUESTION[S] FOR DISABILITY BENEFITS: (AVAILABLE FOR THE PRIMARY DEBTOR ONLY)										
[<input type="checkbox"/> <input type="checkbox"/>		2. Have you, In the past [2] years, received medical advice or treatment or prescription medication for, [carpal tunnel syndrome], [an emotional or mental disorder or condition], [rheumatoid arthritis], [degenerative disc disease], [herniated disc], [strained or sprained back muscle], [knee cartilage or ligament damage], [whiplash or strained or sprained neck], [or an injury, disease, or disorder of the [back], [knee], [neck], [shoulder], [spine], or [joints]].								
[<input type="checkbox"/> <input type="checkbox"/>		3. Have you, during each of the [4] weeks prior to the effective date shown above, been: a) actively at work for wages or profit; and b) physically present at your place of employment and performed substantially all of the duties of your occupation or employment for at least 30 hours per week?								

IMPORTANT NOTICE: The truthfulness of your answers will not be investigated until a claim is filed. We are relying on the truthfulness of your answers in issuing a Certificate of Insurance. If you [cannot] [do not] truthfully answer ["NO" to questions 1 and 2, or "YES" to question 3 above] [the questions above], you should not sign this Application or pay the premium or accept delivery of the Certificate of Insurance because any claim may be denied. No one has the authority to alter or waive our requirement of truthfulness.

[CLOSED-END COVERAGE ONLY. IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN, THIS INSURANCE WILL NOT BE ENOUGH TO COMPLETELY PAY OFF YOUR LOAN.]

[DISABILITY CAUSED BY PRE-EXISTING CONDITIONS MAY NOT BE COVERED.]

[TERMINAL ILLNESS. You can file a claim if you have a terminal illness which in the opinion of a licensed physician will result in your death in [6] months or less. Receipt of a terminal illness benefit may be taxable, and you should seek assistance from a personal tax advisor. Payment of a terminal illness benefit will stop all coverage under this certificate.]

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X _____ Date of Birth _____
PROPOSED PRIMARY DEBTOR (APPLICANT)

X _____ Date of Birth _____
PROPOSED JOINT DEBTOR (APPLICANT)

AMERICAN MODERN LIFE INSURANCE COMPANY

7000 Midland Blvd., Amelia, Ohio 45102

[513-XXX-XXXX]

MONTHLY OUTSTANDING BALANCE (MOB) CREDIT LIFE AND DISABILITY INSURANCE CERTIFICATE

GENERAL DEFINITIONS

ADVANCE: means a disbursement or withdrawal that results in creating or increasing the principal balance of **YOUR** loan. An **ADVANCE** includes, but is not limited to, transactions related to an **OPEN-END LOAN** or revolving or **CLOSED-END LOAN**, an equity loan disbursement, a credit card charge, an Automated Teller Machine withdrawal, or any transfer of funds originated by telephone, the Internet or electronic means.

BALLOON AMOUNT FOR CLOSED END LOANS: means the scheduled final payment of **YOUR** Loan when such final payment is larger than the Scheduled Monthly Payment.

CLOSED-END LOAN: means that the loan documents specify: 1) the loan effective date and expiration date, 2) that only one **ADVANCE** will be made on or before the loan effective date, and 3) that the **INSURED DEBTOR(S)** agree(s) to repay the insured loan balance in substantially equal monthly payments.

COMPANY ("WE", "US", and "OUR"): means American Modern Life Insurance Company.

CREDITOR: means the organization named in the Schedule as the Creditor Beneficiary, through which credit is extended to **YOU**.

INJURY: means accidental bodily **INJURY** causing **YOUR** death or total disability while **YOU** are insured.

LOSS: means **YOUR** death, and/or total disability while **YOU** are insured.

OPEN-END LOAN: means that the loan documents specify: 1) the loan effective date, 2) that more than one **ADVANCE** may be made on or after the loan effective date, and 3) that the **INSURED DEBTOR(S)** agree(s) to repay the insured loan balance pursuant to a minimum monthly payment formula.

PHYSICIAN: means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) **YOU**; or (2) **YOUR** immediate family member; or (3) a practitioner retained by the **CREDITOR**.

SICKNESS: means illness or disease causing **YOUR** death or total disability while **YOU** are insured.

[TRUNCATED COVERAGE FOR CLOSED END LOAN. If truncated insurance coverage is elected in the Schedule, the term of coverage will be shorter than the term of **YOUR** insured loan. **YOUR** insurance will stop on the Expiration Date shown in the Schedule. This date will be earlier than the maturity date of **YOUR** loan. There will be no coverage beyond the Expiration Date shown in **YOUR** Schedule.]

WAITING PERIOD: means the minimum number of consecutive days indicated on the Schedule of **YOUR** Certificate for which **TOTAL DISABILITY** must have continued before **YOU** are eligible to receive benefits.

"YOU", "YOUR", "YOURSELF" and "INSURED DEBTOR(S)": means the Primary Debtor, and Joint Debtor, if joint coverage is selected, shown in the Certificate Schedule and in whose name(s) the loan account is issued.

NOTICE TO INSURED(S)

1. **THIS INSURANCE MAY NOT BE ENOUGH TO COMPLETELY PAYOFF YOUR LOAN [OR COVER THE ENTIRE TERM OF YOUR LOAN].**
2. **[DISABILITY] RESULTING FROM A PRE-EXISTING MEDICAL CONDITION MAY NOT BE COVERED.]**
3. **[IF YOU HAVE A CLOSED-END LOAN WITH A FINAL BALLOON AMOUNT, THE BALLOON AMOUNT IS NOT COVERED BY DISABILITY INSURANCE. IF YOU ARE ENTITLED TO RECEIVE A MONTHLY DISABILITY BENEFIT FOR THE MONTH IN WHICH THE BALLOON PAYMENT IS DUE, WE WILL PAY ONE REGULARLY SCHEDULED MONTHLY DISABILITY BENEFIT.]**
4. **[IF YOU CIRCLED ANY CONDITIONS IN YOUR APPLICATION FOR THIS INSURANCE, THOSE CONDITIONS WILL NOT BE COVERED DURING THE TERM OF THIS INSURANCE. A LOSS DUE TO ANY OTHER COVERAGE WILL BE COVERED.]**
5. **LIFE INSURANCE STOPS ON THE LAST DAY OF THE MONTH IN WHICH YOU REACH YOUR [66th] BIRTHDAY.**
6. **DISABILITY INSURANCE STOPS ON THE LAST DAY OF THE MONTH IN WHICH YOU REACH YOUR [66th] BIRTHDAY.**
7. **[CRITICAL PERIOD TOTAL DISABILITY BENEFITS ARE LIMITED TO THE NUMBER OF BENEFITS SHOWN IN YOUR SCHEDULE.]**

INSURANCE PROVISIONS

ELIGIBILITY

YOU are eligible for the coverages shown in the Schedule only if **YOU**:

1. have requested coverage and agree to pay the premium; and
2. are a natural person (not a partnership, corporation, or association); and

GROUP OPEN-END OR CLOSED-END MONTHLY OUTSTANDING BALANCE

SINGLE [& JOINT] DECREASING CREDIT LIFE

SINGLE [STANDARD,] [CRITICAL PERIOD] [, & LUMP SUM TOTAL & PERMANENT] CREDIT DISABILITY INSURANCE

3. are a maker or cosigner of the loan documents and are responsible for repayment of the insured loan; and
4. provide satisfactory evidence of insurability, if required; and
5. for life insurance, have not attained the Maximum Age shown in the Schedule; and
6. for disability insurance, (a) have not attained the Maximum Age shown in the Schedule; and b) are now and during each of the [4] weeks prior to the effective date have been actively at work for wages or profit; and physically present at **YOUR** place of employment and performed substantially all of the duties of **YOUR** occupation or employment for at least 30 hours per week.

If **YOU** are not actively employed, **OUR** liability will be limited to a return of disability premiums paid. [Only the first named Debtor on the loan documents may be a Primary (Insured) Debtor.]

LIFE INSURANCE

[Life insurance under this certificate is limited to only one of the optional benefits.]

LIFE INSURANCE BENEFIT: This benefit is available only if **YOU** are insured for life coverage and agree to pay the applicable premium for this benefit. If either the Primary Debtor or the Joint Debtor, if any, dies or if both Insured Debtors die at the same time while insured, upon receiving Proof of **LOSS**, **WE** will pay the amount of life insurance in force on the date of **YOUR** death (death benefit). Only one death benefit is payable. The payment of a death benefit automatically terminates all insurance coverage on the surviving **DEBTOR**. The amount of the death benefit payable under joint life coverage will be the same as for single life coverage. Benefits will not include unearned finance charges or other charges made by the **CREDITOR**.

AMOUNT OF LIFE INSURANCE:

If **YOU** have a **CLOSED-END LOAN**, the initial Amount of Life Insurance is shown in the Schedule.

For both a **CLOSED-END LOAN** and an **OPEN-END LOAN**, the amount of life insurance at any time will be the outstanding insured balance of **YOUR** loan account on the date of **YOUR** death. However, the amount of life insurance cannot exceed **YOUR** loan amount or the Maximum Amount of Life Insurance shown in the Schedule.

[OPTIONAL LIFE INSURANCE BENEFITS.]

[TERMINAL ILLNESS BENEFIT. This benefit is available only if **YOU** are insured for life coverage. You must also pay the applicable premium for this benefit. A terminal illness is a medical condition resulting from an **INJURY** or **SICKNESS** that is first diagnosed more than [60] days after the Effective Date shown in **YOUR** Schedule. Also, the medical condition will most likely result in **YOUR** death with [6] or fewer months after the diagnosis. If, while insured, **YOU** become terminally ill, and after **WE** accept Proof of such illness, **WE** will pay to the **CREDITOR** a terminal illness benefit. The terminal illness benefit will be a lump sum. The lump sum will be equal to the lesser of the following: (1) the scheduled insured outstanding unpaid principal balance of **YOUR** loan account plus not more than [2] months' unpaid scheduled accrued interest; or (2) the life insurance amount in force; or (3) the Maximum Amount of Life Insurance shown in **YOUR** Schedule. Only one terminal illness benefit will be paid. If joint coverage is in force and either or both of **YOU** suffer a **LOSS** at the same time, **WE** will pay only one benefit. After a terminal illness benefit has been paid, all insurance under the Certificate stops.]

[WHAT WE WILL NOT PAY]

[SUICIDE EXCLUSION: If **YOU** die as a result of suicide within 6 months following the Effective Date of any **ADVANCE**, whether **YOU** are sane or insane, **OUR** liability will be limited to a refund of the premiums paid to the **CREDITOR**. If there is Joint Coverage, insurance on the survivor will continue in force. The charge for insurance applicable to the survivor will be the premium rates applicable to single coverage(s). **WE** will refund the difference between any joint premiums paid and the premiums applicable to coverages for a single debtor. The time limit for this suicide exclusion begins anew with and for each **ADVANCE**, runs separately for each **ADVANCE**, and a later **ADVANCE** will not restart the time limits relative to prior **ADVANCES**.]

TOTAL DISABILITY INSURANCE

**[IF YOU HAVE A CLOSED-END LOAN, THIS BENEFIT IS AVAILABLE ONLY
IF YOUR LOAN IS REPAYABLE IN EQUAL MONTHLY INSTALLMENTS.]**

[Total Disability insurance under this certificate is limited to only one of the disability coverages.]

This benefit is available only if **YOU** are insured for total disability insurance and pay the applicable premium for this benefit.

TOTAL DISABILITY INCURRED DATE: The earliest date **YOUR** total disability can begin will be the date **YOU** last worked or were first treated by a **PHYSICIAN** for the disabling condition. If **YOU** cease to be totally disabled for a period of more than [7] days, a recurrent disability due to the same or related causes shall be deemed a separate disability.

WHEN TOTAL DISABILITY BENEFITS BEGIN: Total disability must start while this Certificate is in force and result from **INJURY** or **SICKNESS** for which a **PHYSICIAN** is treating **YOU**. If **YOU** become totally disabled during the term of Total Disability coverage and continue to be totally disabled for at least the number of days stated in the **WAITING PERIOD** in the Schedule, **YOU** will become eligible to receive benefits as of the day stated in the "Benefit Basis" section below.

TOTAL DISABILITY BENEFIT BASIS: No benefits are payable during the **WAITING PERIOD**. After **YOU** have completed the **WAITING PERIOD** shown in the Schedule, any disability benefits payable will be calculated based on the benefit basis indicated

in the Schedule. If Joint Disability coverage is in force, each of **YOU** who file a claim must satisfy the **WAITING PERIOD** separately. **YOU** cannot combine days of total disability for this purpose. The benefit basis will be one of the following methods:

Retroactive Coverage: Benefits will be calculated from the first day that **YOU** become totally disabled.

Non-Retroactive Coverage: Benefits are calculated beginning with the first day after the end of the **WAITING PERIOD**.

MONTHLY TOTAL DISABILITY BENEFITS: If while insured for one of the total disability coverages described below, **YOU** become totally disabled, upon receipt of Proof of **LOSS**, **WE** will pay a monthly Disability Benefit to the **CREDITOR**

If insurance is covering a **CLOSED-END** loan, **YOUR** Monthly Disability Benefit will be an amount that is the lesser of: (1) the scheduled minimum monthly installment payment specified in **YOUR** loan agreement; or (2) the Monthly Disability Benefit shown in the Schedule; or (3) the Maximum Monthly Disability Benefit stated in the Schedule.

If insurance is covering an **OPEN-END** loan, the Monthly Disability Benefit will be an amount that is the lesser of: (1) the scheduled minimum monthly installment payment specified in **YOUR** loan agreement; or (2) the Maximum Monthly Disability Benefit stated in the Schedule.

YOUR Monthly Disability Benefit will not include any past due amounts, or any late charges, or any **ADVANCE** made after the date **YOU** become totally disabled. If benefits are payable for less than one month, an amount equal to 1/30th of the Monthly Disability Benefit is due for each day of such period. [If **YOU** have more than one loan covered by total disability insurance, the total benefits **WE** will pay with respect to all such debts will not exceed: (1) the Maximum Monthly Disability Benefit stated in the Schedule, or (2) the Maximum Total Disability Benefit shown in the Schedule. If coverage in excess of these limits is issued, the charges for the excess insurance will be refunded.] **YOU** will be responsible for paying all monthly payments and/or deficiency amounts required to keep the insured loan account from becoming delinquent.

THE TOTAL DISABILITY COVERAGES THAT ARE AVAILABLE UNDER THIS CERTIFICATE ARE AS FOLLOWS:

STANDARD TOTAL DISABILITY COVERAGE: For the first 12 months from the time Total Disability begins, Standard Disability means that as a result of **INJURY** or **SICKNESS** and while insured for this benefit, **YOU** are prevented from engaging in the essential and customary duties of **YOUR** regular occupation at the time such disability began. After that it means the essential and customary duties of any occupation for which **YOU** are reasonably qualified by **YOUR** education, training or experience. Proof must include written certification of **YOUR** total disability by a **PHYSICIAN**. Payments will stop when: 1) **YOU** are no longer totally disabled, or 2) the Maximum Total Benefits shown in the Schedule have been made, or 3) the amount of **YOUR** insured loan balance on the first day of total disability has been paid, or 4) on the Expiration Date shown in the Schedule, if any, or 5) when insurance stops as shown in the Schedule, whichever occurs first.]

CRITICAL PERIOD TOTAL DISABILITY COVERAGE: For the first 12 months from the time Total Disability begins, such Disability means that as a result of **INJURY** or **SICKNESS** and while insured for this benefit, **YOU** are prevented from engaging in **YOUR** regular occupation at the time such disability began. After that it means any occupation for which **YOU** are reasonably qualified by **YOUR** education, training or experience. Proof must include written certification of **YOUR** total disability by a **PHYSICIAN**.

YOU will be eligible for the Maximum Number of Monthly Benefits shown in the Schedule. Payments cover either one disability period or a total of several disability periods while **YOUR** certificate is in force. If insurance is covering a **CLOSED-END** loan, **YOU** will be eligible for such payments anytime prior to the Expiration Date, shown in the Schedule. Payments will stop: 1) when **YOU** are no longer totally disabled; or 2) when the Maximum Number of Monthly Benefit payments shown in the Schedule of this Group Policy or in the Certificate Schedule have been made; or 3) if insurance is covering a **CLOSED-END** loan, on the Expiration Date shown in the Schedule; or 4) when the amount of **YOUR** insured balance on the first day of total disability has been paid, whichever occurs first.]

STANDARD TOTAL DISABILITY WITH LUMP SUM TOTAL AND PERMANENT DISABILITY COVERAGE: Total and Permanent Disability means that as a result of **INJURY** or **SICKNESS**, and while insured for this benefit, **YOU** are either:

- 1) Completely unable to be actively employed in any occupation for compensation or profit, and **YOU** will not be able to return to active employment for the remainder of **YOUR** life; or,
- 2) **YOUR** Total Disability has continued uninterrupted for more than 15 consecutive months, Total Disability means that, as a result of **INJURY** or **SICKNESS**, **YOU** are prevented from engaging in **YOUR** occupation at the time such disability began. If there is a medical determination by a **PHYSICIAN** that **YOU** are totally disabled but not permanently disabled, after **YOUR** total disability has continued uninterrupted for more than 15 consecutive months, upon receipt of Proof that **YOU** continue to be totally disabled, **YOU** will be deemed to be totally and permanently disabled.

Upon **OUR** receipt of Proof satisfactory to **US** that **YOU** are totally and permanently disabled while **YOU** are insured for this benefit, **WE** will pay to the **CREDITOR**, in lieu of all other benefits, a lump sum benefit. The lump sum benefit will be equal to the lesser of: 1) the outstanding insured balance of **YOUR** insured loan account, subject to the Maximum Amount of Life Insurance Shown in the Schedule; or, 2) the Maximum Total Disability Benefit shown in the Certificate Schedule; or, 3) if the insured loan is a **CLOSED END** loan, the sum of the remaining Monthly Disability Benefits due from the date **YOUR** total and permanent disability began until the Expiration Date or the Termination Date of Disability coverage, whichever first occurs. Proof must include, but is not limited to, written certification by a **PHYSICIAN** that **YOU** are totally and permanently disabled or

continue to be disabled after being disabled for 15 consecutive months. **WE** will require copies of any total disability award for which **YOU** qualify, including Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).

Only one Lump Sum Total and Permanent Disability benefit will be paid under this Certificate and any payment will terminate all insurance under this certificate. **YOU** can only be insured for this coverage **OR** for Standard Disability Coverage **OR** for Critical Period Disability Coverage, but not for more than one of these coverages.]

TOTAL DISABILITY EXCLUSIONS: **WE** won't pay a claim if YOUR disability is caused by or results from:

- 1) normal pregnancy;
- 2) any intentionally self-inflicted **INJURY**, whether **YOU** are sane or insane; or
- 3) [war, declared or undeclared, or military service];
- 4) [flight in a non-scheduled aircraft];
- 5) [a pre-existing medical condition.]

[A PRE-EXISTING MEDICAL CONDITION is one which occurs within 6 months following the Effective Date of any **ADVANCE**, and is caused by or results from a **SICKNESS, INJURY**, or physical condition for which **YOU** received medical advice, diagnosis or treatment (including prescribed medication) from a **PHYSICIAN** within the 6 months immediately prior to the Effective Date of the **ADVANCE**. Disability starting more than 6 months after the Effective Date of any **ADVANCE** will be covered. The time limit for pre-existing medical conditions begins anew with and for each **ADVANCE**, runs separately for each **ADVANCE**, and a later **ADVANCE** will not restart the time limit(s) relative to prior **ADVANCES**.]

GENERAL PROVISIONS

Single Life or Single Total Disability Insurance covers only the Primary Debtor. **[Joint Life Insurance covers the Primary Debtor and the Joint Debtor.]**

WHO IS INSURED: For the payment of premiums described in this Certificate and **OUR** acceptance of **YOUR** application, if required, **WE** certify that **YOU** are insured for the coverage(s) shown in the Schedule, subject to the provisions of this Certificate and the Group Policy issued to the **CREDITOR**.

WHEN COVERAGE BEGINS: Coverage begins on the Effective Date of the Group Policy if the Effective Date of **YOUR** insured loan is earlier than such date. Otherwise, it begins on the Effective Date that is shown in the Certificate Schedule. However, if **WE** require evidence of insurability, coverage begins on the date **WE** deem such evidence to be satisfactory. If **YOUR** loan is an **OPEN-END LOAN**, coverage begins on the date on which the **ADVANCE** is posted by the **CREDITOR** to **YOUR** loan account.

WHEN COVERAGE STOPS: This insurance will *automatically* stop on the first date any of the following occurs:

1. the scheduled maturity date, if any, of **YOUR** loan per **YOUR** loan documents; or
2. the date **YOUR** loan is paid off, renewed, or refinanced, or otherwise discharged;
3. the date **YOUR** loan is transferred or assigned to another Creditor or transferred to another Debtor;
4. the date **YOUR** loan is in default for more than **[3]** months, charged-off or required to be charged-off by law;
5. the date the collateral **YOU** pledged to secure **YOUR** loan is repossessed;
6. the date **YOUR CREDITOR** receives notice of **YOUR** bankruptcy;
7. the date any court enters a judgement related to **YOUR** loan in favor of the **CREDITOR**;
8. the last day of the month in which **YOU** attain the age shown in the "Insurance Stops" box of **YOUR** Schedule;
9. the date **YOU** request termination of coverage or withdraw authorization for the payment of insurance charges;
10. the date of **YOUR** death,
11. **[the date YOU are medically determined to be [terminally ill] [or totally and permanently disabled];**
12. Upon **[30]** days notice to **YOU**, the effective date of termination of the Group Policy;
13. the date **YOUR** loan account is closed or **YOU** are no longer being billed a premium for this coverage;
14. the Expiration Date of Insurance, if any, shown in the Schedule.]

Termination of insurance, prior to the Scheduled Expiration Date, will be without prejudice to any claim existing on the date insurance terminates. If during a disability claim, **WE** elect to prepay and discharge the loan in one payment, the disability premium paid is deemed earned; however, any unearned life insurance premium paid shall be refunded. In the case of termination due to death any life insurance premium paid is deemed earned; however, any unearned disability premium paid will be refunded.

WHAT YOU PAY: The monthly premium charge for life insurance will be determined by applying the appropriate premium rate to the lesser of: 1) the Maximum Amount of Life Insurance shown in the Schedule; or 2) the outstanding balance of **YOUR** insured loan account that is subject to finance charges. The monthly premium charge for disability insurance will be determined by applying the appropriate premium rate to the lesser of: 1) the Maximum Total Disability Benefits shown in the Schedule; or 2) the total loan payments necessary to extinguish **YOUR** insured loan based on the scheduled term of **YOUR** insured loan at the time of **YOUR** most recent cash **ADVANCE**.

PREMIUM CHANGE: WE may change the premium rates. If WE are increasing a premium rate, YOU will receive written notice at least 30 days before the rate change becomes effective.

WHAT YOU GET: WE certify that if YOU have paid the monthly premium(s) and WE have approved YOUR Application for insurance, if any is required, YOU are insured for the coverage(s) shown in the Schedule, subject to the provisions of this Certificate and the Group Policy issued to the CREDITOR.

WHO GETS PAID: Upon receiving Proof of LOSS, WE will pay any benefits to the CREDITOR. The CREDITOR will apply such payment(s) to pay off or reduce the unpaid balance of YOUR insured loan. Any benefit due in excess of the amount due the CREDITOR will be paid by separate check, or transfer of funds to YOU, if living. Otherwise, it will be paid to the Second Beneficiary named in the Schedule. If no Second Beneficiary is named, payment will be made to YOUR estate.

BENEFIT LIMITATIONS: YOU are responsible for paying all installment payments and/or deficiency amounts required to keep YOUR loan from becoming delinquent. The insurance benefits may not be enough to completely payoff YOUR loan. The amount of any benefit payable under joint coverage will be the same as for single coverage.

EXCESS INSURANCE & MISSTATEMENT OF TERMS: [At any one time the Maximum Amounts for Life Insurance, the Maximum Monthly Disability Benefit and the Maximum Total Disability Benefit WE will provide to YOU on the total of all Policies and Certificates shall not exceed the Maximum Limits stated in the Schedule of this Certificate.] The insurance under this Certificate shall not cover any Amount of Life Insurance, Monthly Disability Benefit, Total Disability Benefit or Term of Insurance that is in excess of the Maximum Limits stated in the Schedule. If WE provided the incorrect amount of insurance because WE were given the wrong term of the loan or amount of insurance coverage, WE have the right, within 90 days from the Effective Date of any ADVANCE, to amend YOUR coverage to provide the correct amount. Any excess premium resulting from such a change will be refunded to the CREDITOR. If there is an inconsistency amongst or between the provisions of this Certificate, and/or the Group Policy and/or the CREDITOR'S Application for the Group Policy, the Certificate will be superceded by the other documents.

MISSTATED AGE: This insurance will not cover any Debtor who has attained an age that exceeds the "Maximum Age On Effective Date" shown in the Schedule or any Debtor whose attained age on the Expiration Date exceeds the "When Insurance Stops" age shown in the Schedule. If YOU misstated YOUR age when applying for this insurance, then no coverage will be provided under this Certificate for a period longer or for an amount greater than if YOU had stated YOUR age correctly. If YOUR true age would make YOU ineligible for coverage, then OUR liability will be limited to refunding any premium received for such coverage. In the event of a claim, if it is determined YOU were ineligible for coverage due to YOUR age, and YOUR true age was correctly stated on YOUR Application or the Schedule, then WE will not deny or change the benefit or the amount of insurance.

PREMIUM REFUNDS: If YOUR coverage is terminated prior to the Expiration Date shown in the Schedule, if any, WE will refund to the CREDITOR any unearned premium. The CREDITOR, in turn, will refund such unearned premium to YOU or credit it to YOUR loan account. No refund or credit will be made if the refund is less than \$[1.00] dollar.

RENEWED OR REFINANCED CLOSED-END LOAN: If an insured CLOSED-END loan is refinanced, the effective date of new insurance, as it affects any policy provision, will be deemed to be the first date on which the debtor became insured under a prior CLOSED-END certificate covering the portion of the prior CLOSED-END loan that is refinanced. This provision will apply only to the amount and term of the CLOSED-END loan outstanding at the time of the refinancing. This provision shall not apply to any amount and term of CLOSED-END loan that is in excess of the loan that was outstanding or the term of coverage that had not expired, respectively, at the time of refinancing.

INCONTESTABILITY: Except for fraudulent statements YOU made in YOUR application or for non-payment of premiums, this Certificate shall be incontestable after it has been in force during YOUR lifetime for a period of 2 years from the effective date of any ADVANCE.

All statements made by YOU in YOUR application shall: 1) be considered to have been made to the best of YOUR knowledge and belief, and 2) shall be deemed representations and not warranties. After this insurance has been in force for 2 years during YOUR lifetime, and prior to any claim, WE will not use any statement YOU made in YOUR application to void this certificate or deny a claim unless the statement is contained in a written document signed by YOU and a copy of the document has been furnished to YOU, if living, or to the second beneficiary shown in the Schedule. If, during this 2 year period, WE discover YOU have made a material misrepresentation in YOUR application, any insurance YOU requested will be void as of the Effective Date. OUR liability shall then be limited to the return of premium received.

CLAIM FORMS: Upon receipt of written notice of claim, WE will furnish the necessary forms for filing Proof of LOSS. If YOU do not receive OUR form within 15 days, YOU can simply send US Proof in writing. The Proof must show the date and cause of the TOTAL DISABILITY [or TERMINAL ILLNESS], how serious it is, and must be signed by a PHYSICIAN.

PROOF OF DEATH: Upon YOUR death, WE must receive Proof of death satisfactory to US within 90 days after death occurs, or as soon as reasonably possible. Such Proof must include, but is not limited to, a certified copy of the death certificate, an authorization signed by a person or entity authorized to represent YOUR estate to obtain YOUR medical records, and a valid

completed claim form and any other documentation **WE** may deem necessary. The claim form, which will be furnished by **US**, will certify the amount due and must be signed by the **CREDITOR**. Acquiring the Proof, and any expense thereof, is **YOUR** responsibility or the responsibility of **YOUR** estate.

[PROOF OF TERMINAL ILLNESS. WE must receive Proof of **YOUR** Terminal Illness satisfactory to **US** within [90] days after **YOUR** diagnosis, or as soon as reasonably possible. Such Proof must include, but is not limited to, a statement signed by a **PHYSICIAN** indicating the nature and extent of **YOUR** Terminal Illness. **YOU** must also sign an authorization to release relevant information. Receipt of a Terminal Illness benefit may be taxable, and **YOU** should seek assistance from a personal tax advisor.]

NOTICE OF TOTAL DISABILITY CLAIM: Written notice of claim must be given to **US**, or the **CREDITOR**, within 30 days after such disability begins or as soon after that as possible.

PROOF OF LOSS – TOTAL DISABILITY: **YOU** must provide a signed authorization enabling **US** to obtain **YOUR** medical records and certification of **YOUR LOSS** and any expense thereof is **YOUR responsibility**. **WE** must receive written proof of **YOUR LOSS** within ninety 90 days after total disability begins, or as soon as reasonably possible.

WE will send claim forms to **YOU** within 15 days after we receive notice of **YOUR LOSS**. If **WE** don't send the forms in 15 days, **YOUR** can simply send **US** written proof of loss. The proof must show the date and the cause of the total disability, how serious it is, and a **PHYSICIAN** must sign it. Unless **YOU** have been legally incapable of filing the proof of **LOSS**, **WE** won't accept it if it is filed after 1 year from the time it should have been filed. Failure to furnish proof within such time will not invalidate or reduce any claim if it is shown that it was not reasonably possible to furnish proof within such time, provided proof is furnished as soon as reasonably possible.

CERTIFICATION OF CONTINUING DISABILITY: **YOU** must provide written proof of **YOUR** continuing **TOTAL DISABILITY** monthly, or at reasonable intervals determined by **US**, to justify the continuing payment of benefits. The Proof of continuing **TOTAL DISABILITY**, and any expense thereof, is **YOUR** responsibility. If **WE** do not receive the required Proof, **WE** will cease to pay disability benefits.

PHYSICAL EXAMINATION AND AUTOPSY: **WE**, at **OUR** own expense, have the right, and **YOU** must allow **US** the opportunity, to examine **YOUR** person as often as is reasonably required while a claim is pending and to make an autopsy in case of death, if it is not forbidden by law.

LEGAL ACTION: **YOU** can't start any legal action until 60 days after **YOU** send **US** written proof of **YOUR** loss, and **YOU** can't start any legal action more than three years after the proof is filed...

ENTIRE CONTRACT: The Group Policy, together with the **CREDITOR'S** Application for the Group Policy, this Certificate, **YOUR** Application for coverage, if any, and any applicable written rider(s) or endorsements to these documents, are the entire contract of insurance.

PROVISION FOR COVERAGE CHANGES: The terms and conditions of this Certificate may not be changed or waived except by an endorsement issued by **US**. **No agent or CREDITOR has the authority to change YOUR coverage or waive any provisions of this Certificate.**

CONFORMITY WITH STATE STATUTES: Any part of this Certificate or the Group Policy which conflicts with the statutes or regulations of the state where the Group Policy was delivered is changed to conform to the minimum standards of those statutes and regulations.

ASSIGNMENT: The insurance under this certificate may not be assigned.

President

AMERICAN MODERN LIFE INSURANCE COMPANY

7000 Midland Boulevard, Amelia, Ohio 45102

(A stock Company herein called the Company, We, Us or Our)

[CREDITOR NAME]

OPTIONAL CREDIT INSURANCE DISCLOSURE

This form becomes a part of your loan agreement with the Credit Union.

Credit Life and/or Credit Disability is not required to obtain this loan and will be included only if requested by the debtor to be insured.

The insurance rates are shown below. The RATE is determined at the time of each loan advance. The RATE is based on the repayment period (LATEST LOAN TERM) for the latest loan advance. Each month, the insurance charge is found by multiplying the total of the remaining scheduled loan payments on the last day of the month by the RATE. If more than one rate is shown below, use the rate set opposite the number in the column LATEST LOAN TERM which corresponds to the repayment period, in months, for the latest loan advance. (Your credit union can tell you how many months are required to repay your loan.)

FOR EXAMPLE: Your scheduled monthly payment of a loan advance is \$50.00. The credit union has told you that the repayment period will be twenty-four (24) months. Your total of payments will be \$1,200 (50 X 24). From the table below, the RATE for credit life will be \$[0.0000] single or \$[0.0000] joint. The RATE for credit disability will be \$[0.00]. These same rates can be used at the end of each month to approximate your premium for that month. In this example, the total of payments (\$1,200) is divided by 1,000 and then multiplied by the RATES (\$[0.0000] single coverage or \$[0.0000] joint coverage and \$[0.00] for disability) which equals the monthly premium (\$[0.0000] single or \$[0.0000] joint coverages, and \$[0.00] for disability).

PREMIUM RATE CHART

Cost Per Month Per \$1,000 of Insured Loan Balance

Single Life: \$[0.0000]

Joint Life: \$[0.0000]

Disability: [30 Day Elimination] Plan

Latest Loan Term	Rate	Latest Loan Term	Rate	Latest Loan Term	Rate	Latest Loan Term	Rate	Latest Loan Term	Rate	Latest Loan Term	Rate	Latest Loan Term	Rate	Latest Loan Term	Rate
1	[.00]	16	[.00]	31	[.00]	46	[.00]	61	[.00]	76	[.00]	91	[.00]	106	[.00]
2	[.00]	17	[.00]	32	[.00]	47	[.00]	62	[.00]	77	[.00]	92	[.00]	107	[.00]
3	[.00]	18	[.00]	33	[.00]	48	[.00]	63	[.00]	78	[.00]	93	[.00]	108	[.00]
4	[.00]	19	[.00]	34	[.00]	49	[.00]	64	[.00]	79	[.00]	94	[.00]	109	[.00]
5	[.00]	20	[.00]	35	[.00]	50	[.00]	65	[.00]	80	[.00]	95	[.00]	110	[.00]
6	[.00]	21	[.00]	36	[.00]	51	[.00]	66	[.00]	81	[.00]	96	[.00]	111	[.00]
7	[.00]	22	[.00]	37	[.00]	52	[.00]	67	[.00]	82	[.00]	97	[.00]	112	[.00]
8	[.00]	23	[.00]	38	[.00]	53	[.00]	68	[.00]	83	[.00]	98	[.00]	113	[.00]
9	[.00]	24	[.00]	39	[.00]	54	[.00]	69	[.00]	84	[.00]	99	[.00]	114	[.00]
10	[.00]	25	[.00]	40	[.00]	55	[.00]	70	[.00]	85	[.00]	100	[.00]	115	[.00]
11	[.00]	26	[.00]	41	[.00]	56	[.00]	71	[.00]	86	[.00]	101	[.00]	116	[.00]
12	[.00]	27	[.00]	42	[.00]	57	[.00]	72	[.00]	87	[.00]	102	[.00]	117	[.00]
13	[.00]	28	[.00]	43	[.00]	58	[.00]	73	[.00]	88	[.00]	103	[.00]	118	[.00]
14	[.00]	29	[.00]	44	[.00]	59	[.00]	74	[.00]	89	[.00]	104	[.00]	119	[.00]
15	[.00]	30	[.00]	45	[.00]	60	[.00]	75	[.00]	90	[.00]	105	[.00]	120	[.00]

IMPORTANT NOTICE TO APPLICANT COVERAGE LIMITATIONS AND AUTHORIZATION

1. Upon acceptance of the insurance by **American Modern Life Insurance Company** ("the Company") and not later than 60 days after the date of the application, the Company shall cause the group certificate of insurance to be delivered to the debtor. If the insurance is not accepted by the Company or by a substituted insurer, then any insurance charge made for such proposed insurance shall be fully refunded. The creditor will immediately give written notice to such debtor and will promptly make an appropriate credit to the debtor's account.
2. No representative can accept risks, modify policies or waive any rights or requirements of the Company. The Company will incur no liability unless and until a policy is accepted, this application is approved, and the first premium is paid during your lifetime and good health of the proposed insured (s).
3. You must apply for insurance on the same date that you sign the instrument of debt. Upon acceptance by the Company, this insurance shall become effective as of the date your indebtedness was incurred.
4. Your insurance benefits may be less than your full obligation to the Creditor. The term of your insurance may be shorter than the full term of your loan.
5. You are eligible for coverage only if: (a) for disability insurance, you are the first named debtor; and (b) for life and/or disability insurance, you are a natural person (not a partnership, corporation or association) who is a maker or co-signer of the instrument of debt. You must be individually or jointly and severally liable for repayment of the debt. You must be able to do the normal activities of a person your same age or sex. You must request coverage and agree to pay the attributable premium.
6. The Joint Debtor is not eligible for Disability coverage.
7. [Disability resulting from pre-existing injury or sickness may not be covered.]
8. If your final loan payment is a "balloon" payment and you have monthly benefit disability insurance, the full amount of your balloon payment will not be covered. Your disability benefit will be limited to the sum defined in the group policy.
9. Any licensed physician, medical practitioner, hospital, clinic, medical services provider, or other medically related facility, insurance company, or other organization, person, or institution that has any records or knowledge of my health is hereby authorized to give **American Modern Life Insurance Company** or its reinsurers any such information. A photographic copy of this authorization shall be valid as the original.

<i>SERFF Tracking Number:</i>	<i>AMMH-125829071</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40368</i>
<i>Company Tracking Number:</i>	<i>AR-OECEPOL(7/08)</i>		
<i>TOI:</i>	<i>CR02G Group Credit - Credit Disability</i>	<i>Sub-TOI:</i>	<i>CR02G.001 Monthly Premium - Open-End</i>
<i>Product Name:</i>	<i>AR-OECEPol (7/08)</i>		
<i>Project Name/Number:</i>	<i>AR-OECEPol (7/08)/AR-OECEPol (7/08)</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMMH-125829071	State:	Arkansas
Filing Company:	American Modern Life Insurance Company	State Tracking Number:	40368
Company Tracking Number:	AR-OECEPOL(7/08)		
TOI:	CR02G Group Credit - Credit Disability	Sub-TOI:	CR02G.001 Monthly Premium - Open-End
Product Name:	AR-OECEPol (7/08)		
Project Name/Number:	AR-OECEPol (7/08)/AR-OECEPol (7/08)		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	MOB Life Rates	AR-OECEPol (7/08), AR-MPApp (7/08), AR-AWDApp (7/08), AR-HSApp (7/08), AR-HQApp (7/08), AR-OECECert (7/08), AR-Disc (7/08)	New		AR_MOB_Life_Rate_Sheet.pdf
	Actuarial Memo	AR-OECEPol (7/08), AR-MPApp (7/08), AR-AWDApp (7/08), AR-HSApp (7/08), AR-HQApp (7/08), AR-OECECert (7/08), AR-Disc (7/08)	New		AR_Act_Mem_for_MOB_Filing_-_Rates_Only.pdf
	Single Dis Open-End Rates	AR-OECEPol (7/08), AR-MPApp (7/08), AR-AWDApp (7/08), AR-	New		AR_Single_Disability_MOB_Rates_-_Open-End.pdf

<i>SERFF Tracking Number:</i>	<i>AMMH-125829071</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40368</i>
<i>Company Tracking Number:</i>	<i>AR-OECEPOL(7/08)</i>		
<i>TOI:</i>	<i>CR02G Group Credit - Credit Disability</i>	<i>Sub-TOI:</i>	<i>CR02G.001 Monthly Premium - Open-End</i>
<i>Product Name:</i>	<i>AR-OECEPol (7/08)</i>		
<i>Project Name/Number:</i>	<i>AR-OECEPol (7/08)/AR-OECEPol (7/08)</i>		

HSApp (7/08),
AR-HQApp
(7/08), AR-
OECECert (7/08),
AR-Disc (7/08)

SERFF Tracking Number:	AMMH-125829071	State:	Arkansas
Filing Company:	American Modern Life Insurance Company	State Tracking Number:	40368
Company Tracking Number:	AR-OECEPOL(7/08)		
TOI:	CR02G Group Credit - Credit Disability	Sub-TOI:	CR02G.001 Monthly Premium - Open-End
Product Name:	AR-OECEPol (7/08)		
Project Name/Number:	AR-OECEPol (7/08)/AR-OECEPol (7/08)		

Single Dis Closed-End Rates	AR-OECEPol (7/08), AR-MPApp (7/08), AR-AWDApp (7/08), AR-HSApp (7/08), AR-HQApp (7/08), AR-OECECert (7/08), AR-Disc (7/08)	New	AR_Single_Disability_MOB_Rates_-_Closed-End.pdf
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Terminal Illness Benefit Rates	AR-OECEPol (7/08), AR-MPApp (7/08), AR-AWDApp (7/08), AR-HSApp (7/08), AR-HQApp (7/08), AR-OECECert (7/08), AR-Disc (7/08)	New	AR_Terminal_Illness_Benefit.pdf
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Single Dis Lump Sum Rates	AR-OECEPol (7/08), AR-MPApp (7/08), AR-AWDApp (7/08), AR-HSApp (7/08), AR-HQApp (7/08), AR-OECECert (7/08), AR-Disc (7/08)	New	AR_15_Month_Rates_-_Single.pdf
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American Modern Life Insurance Company
State of Arkansas

Monthly Outstanding Balance Rate Sheet

Rates per \$1,000 per Month

Life Insurance

Single Life Rate	\$ 1.00
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Joint Life Rate	\$ 1.70
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Life Insurance with Terminal Illness Benefit

Single Life Rate	\$ 1.089
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Joint Life Rate	\$ 1.852
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American Modern Life Insurance Company
Monthly Outstanding Balance Credit Disability Insurance
Rate Derivation – Arkansas

Composite rates for critical period and full term disability benefits are being filed based on the published prima facie rates using the following methodology.

The Net Monthly Outstanding Insured Balance premium rates per \$1,000 are computed according to the following formula for various values of repayment terms n (MOB_n).

$MOB_n = SP_n [20/(n+1)][n*(n+1)/2]/[(n-a_n) / i]$, where

MOB_n = Premium rate per \$1,000 of net monthly outstanding balance.

SP_n = Single Premium Rate per \$100 of initial indebtedness repayable in “ n ” equal monthly installments.

n = Original repayment period, in months.

$a_n = (1-v^n)/i$

$v = 1/(1+i)$

$i = 0.0083$ (10% APR loan)

Development of “Relative Benefit” Values Used in Calculating Equivalent Prima Facie Rates Conversion Ratios

Monthly outstanding balance disability insurance may have a “limited maximum benefit payment period” (critical period). That is, for disability protection, the maximum benefit period may be less than the full term benefit period.

Critical period rates must be less than or equivalent to prima facie rates for the full term benefit period. The usual technique for critical period coverage is to develop conversion ratios. Thus, conversion ratios have been developed for critical period coverages offered (maximum benefit periods of six, twelve, eighteen and twenty-four months).

To develop the expected benefits, a published table, the 1985 Commissioners Individual Disability Table A (1985 CIDA), was selected. We assume that the monthly claim frequency and monthly benefit for the critical period policy is the same as those for the standard policy.

Using the 1985 CIDA blended table, equivalent benefit conversion factors were derived as the ratios of expected “relative benefits” for limited period coverages to expected “relative benefits” for full term coverages. These conversion factors were then applied to standard prima facie rates to develop equivalent prima facie rates. Blending of the 1985 CIDA table was accomplished by using the following age and occupation class weights (Source: 1997 Credit Disability Paper and Exhibit 1, Grand Total of All Plans Combined).

Age	Weight
22	0.111
27	0.125
32	0.135
37	0.147
42	0.147
47	0.133
52	0.105
57	0.068
62	0.027
67	0.002

Occupation	Male	Female
Class 1	26.8%	30.7%
Class 2	19.5%	40.8%
Class 3	29.1%	19.6%
Class 4	24.7%	8.8%

1985 CIDA Critical Period Disability Formulas

The formulas below are developed as a variation to the basic formulas for calculation of claim costs for single premium credit disability coverage. These formulas are intended to be used for derivation of premium rates from prescribed prima facie “full benefit” rates.

The coverage for which formulas are provided is “Critical Period” coverage. Critical Period is defined in contrast to “full benefit” coverage.

Full benefit coverage is the normal form of credit disability for which rates are generally published. If a person becomes disabled during the term of coverage, benefits will last until the end of the coverage period or earlier recovery. Benefits are provided after a waiting period of 7, 14, or 30 days. Benefits may be “retroactive” back to the first day of disability or benefits may start from the end of the waiting period (non-retroactive).

For critical period coverage, benefits last until:

- 1) payment of the number of months in the critical period, in this case 6, 12, 18 or 24 months,
- 2) the end of the coverage period, or
- 3) earlier recovery.

Basic full-benefit formulas:

The basic formula for full benefit coverage is given as follows:

$$\text{Closed-End Coverage: Net Single Premium} = (100 / 360t)[R_{x:t} - R_{x:e} - (t-e) M_{x:e}]$$

Where:

t is the term of coverage,
e is the waiting period, and
x is the age at issue.

The additional claim cost for the retroactive benefit is given by:

$$\text{Closed-End Coverage: Net Single Premium} = (100 / 360t)[e (t-e) C_{x:e+1}]$$

We will use the assumption for these purposes that the attained age remains constant throughout the term of coverage, for simplicity.

Critical period formulas:

The formulas are constructed as follows:

Let p = the number of days in the critical period (30 days per month)

If $t \leq p$, then the formula is given by the basic formula for full period coverage,

If $t > p$, then the single premium is given by the following:

For non-retroactive coverage:

Closed-End Coverage:
$$\text{Net Single Premium} = (100 / 360t) [R_{x:p+e} - R_{x:e} - p M_{x:e}] + (100 / 360t) (t-p-e) (M_{x:p+e} - M_{x:e})$$

For retroactive coverage:

Closed-End Coverage:
$$\text{Net Single Premium} = (100 / 360t)[R_{x:p} - R_{x:e} - (p-e) M_{x:e}] + (100 / 360t) [(t-p) (M_{x:p} - M_{x:e})] + (100 / 360t) [e (t-e) C_{x:e+1}]$$

The above is sufficient for the purpose of calculation of ratios of critical period coverage to full benefit coverage. This ratio may be multiplied by the full benefit prima facie premium rates to derive critical period gross premium rates.

15 Month Lump Sum Benefit formula:

If a person is disabled for a continuous period of 15 months, this benefit pays the sum of the remaining payments for the coverage term. This lump sum benefit is added to a fifteen month critical period benefit as calculated above.

The formula for the lump sum benefit is constructed as follows:

Let t = the term of the loan

Closed-End Coverage:
$$\text{Lump Sum Benefit} = (100 / 360t)[(t) (t - 450) - (t) (t+1) / 2 + (450*451) / 2]C_{450}$$

As with the critical period benefit, the ratio of the total claim cost to the full benefit claim cost is multiplied by the prima facie rate to produce the rate for the benefit provided.

Equivalent Composite Rate Development

Composite rates by term were derived by multiplying nationwide distribution of issues by term of coverage by the MOB rate for each n and summing the results over all n . These rates are being filed for use with open-end and closed-end business.

In my opinion, the rates displayed are equivalent to the published prima facie rates and are reasonable relative to the benefits provided. Rates for various insurance coverage periods (n) and stated maximum benefit payment periods (t) not shown in the Rate Chart will be calculated in a similar fashion and equivalent to the standard prima facie rates as well.

A handwritten signature in black ink, appearing to read "Christopher H. Hause", with a long horizontal flourish extending to the right.

Christopher H. Hause, FSA, MAAA
Consulting Actuary
Hause Actuarial Solutions, Inc.

American Modern Life Insurance Company
Arkansas Credit Accident and Health Insurance
Monthly Outstanding Balance Rates for Remaining Principal Balance
Single Disability
Open-End Debt

Rates per \$1,000 of Outstanding Balance (MOB_n)

Full Term Benefit

	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
Composite Rate:	2.829	2.426	2.044	2.315

6 Month Critical Period Benefit

	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
Composite Rate:	2.231	1.875	1.523	1.723

12 Month Critical Period Benefit

	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
Composite Rate:	2.518	2.140	1.769	2.008

18 Month Critical Period Benefit

	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
Composite Rate:	2.647	2.259	1.883	2.136

24 Month Critical Period Benefit

	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
Composite Rate:	2.720	2.327	1.947	2.208

American Modern Life Insurance Company

Arkansas Credit Accident and Health Insurance

Monthly Outstanding Balance Rates for Remaining Principal Balance

Single Disability - Full Term Benefit

Closed-End Debt

Rates per \$1,000 of Outstanding Balance (MOB_n)

<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>	<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
1	5.848	4.033	1.311	0.000	0.000	61	2.020	1.734	1.536	1.681	1.371
2	6.808	5.460	2.831	3.774	0.877	62	2.007	1.722	1.526	1.670	1.369
3	6.793	5.678	3.447	4.613	1.774	63	1.992	1.714	1.517	1.659	1.362
4	6.506	5.530	3.660	4.758	2.155	64	1.982	1.703	1.513	1.652	1.354
5	6.185	5.267	3.670	4.689	2.378	65	1.971	1.692	1.505	1.642	1.348
6	5.871	4.995	3.622	4.498	2.483	66	1.957	1.682	1.496	1.632	1.346
7	5.586	4.766	3.511	4.331	2.511	67	1.948	1.675	1.488	1.623	1.341
8	5.299	4.522	3.426	4.156	2.489	68	1.938	1.666	1.481	1.613	1.335
9	5.071	4.329	3.319	3.999	2.473	69	1.928	1.656	1.474	1.604	1.329
10	4.848	4.134	3.213	3.833	2.443	70	1.916	1.647	1.470	1.600	1.328
11	4.645	3.972	3.126	3.696	2.401	71	1.908	1.643	1.463	1.592	1.323
12	4.459	3.820	3.021	3.565	2.366	72	1.899	1.633	1.457	1.583	1.318
13	4.302	3.677	2.932	3.453	2.322	73	1.892	1.625	1.451	1.576	1.312
14	4.150	3.552	2.855	3.343	2.270	74	1.881	1.617	1.445	1.568	1.312
15	4.007	3.431	2.776	3.235	2.226	75	1.874	1.612	1.439	1.561	1.307
16	3.880	3.324	2.706	3.151	2.187	76	1.867	1.605	1.436	1.558	1.302
17	3.768	3.230	2.644	3.054	2.141	77	1.860	1.598	1.431	1.552	1.298
18	3.657	3.134	2.579	2.979	2.100	78	1.850	1.591	1.426	1.544	1.298
19	3.558	3.049	2.520	2.901	2.065	79	1.845	1.588	1.421	1.538	1.295
20	3.468	2.973	2.467	2.831	2.032	80	1.838	1.582	1.416	1.532	1.291
21	3.387	2.903	2.410	2.758	2.003	81	1.833	1.574	1.412	1.526	1.288
22	3.305	2.831	2.366	2.700	1.967	82	1.824	1.568	1.410	1.524	1.287
23	3.229	2.774	2.319	2.640	1.935	83	1.818	1.566	1.405	1.519	1.284
24	3.159	2.713	2.275	2.593	1.906	84	1.813	1.560	1.401	1.512	1.281
25	3.095	2.656	2.235	2.533	1.879	85	1.808	1.555	1.397	1.507	1.278
26	3.028	2.605	2.197	2.493	1.854	86	1.800	1.549	1.393	1.502	1.275
27	2.975	2.557	2.163	2.441	1.831	87	1.796	1.546	1.389	1.498	1.274
28	2.917	2.505	2.125	2.401	1.802	88	1.791	1.541	1.388	1.496	1.272
29	2.863	2.465	2.095	2.363	1.783	89	1.787	1.536	1.384	1.492	1.269
30	2.821	2.419	2.061	2.321	1.759	90	1.780	1.532	1.381	1.486	1.267
31	2.774	2.384	2.029	2.289	1.736	91	1.776	1.529	1.378	1.482	1.267
32	2.730	2.344	2.006	2.252	1.721	92	1.772	1.525	1.374	1.478	1.264
33	2.689	2.308	1.978	2.218	1.700	93	1.768	1.520	1.371	1.474	1.262
34	2.651	2.273	1.951	2.185	1.681	94	1.762	1.516	1.370	1.473	1.260
35	2.608	2.240	1.927	2.154	1.664	95	1.759	1.515	1.368	1.470	1.260
36	2.574	2.210	1.904	2.126	1.646	96	1.755	1.511	1.365	1.466	1.258
37	2.542	2.180	1.882	2.098	1.630	97	1.752	1.507	1.362	1.463	1.256
38	2.506	2.152	1.862	2.073	1.616	98	1.746	1.504	1.360	1.458	1.255
39	2.478	2.127	1.842	2.048	1.596	99	1.743	1.502	1.357	1.455	1.256
40	2.446	2.102	1.823	2.026	1.584	100	1.741	1.498	1.358	1.455	1.254
41	2.415	2.078	1.801	2.004	1.571	101	1.737	1.495	1.354	1.452	1.253
42	2.392	2.051	1.784	1.978	1.559	102	1.732	1.492	1.352	1.449	1.250
43	2.363	2.030	1.769	1.958	1.543	103	1.730	1.490	1.350	1.446	1.252
44	2.338	2.005	1.750	1.935	1.534	104	1.728	1.487	1.348	1.443	1.250
45	2.312	1.987	1.735	1.917	1.518	105	1.725	1.484	1.346	1.440	1.249
46	2.288	1.964	1.718	1.901	1.510	106	1.721	1.481	1.347	1.440	1.248
47	2.266	1.947	1.705	1.881	1.496	107	1.719	1.481	1.345	1.437	1.248
48	2.243	1.927	1.689	1.866	1.483	108	1.716	1.479	1.343	1.435	1.247
49	2.223	1.911	1.673	1.847	1.476	109	1.715	1.476	1.340	1.432	1.246
50	2.203	1.892	1.662	1.829	1.464	110	1.711	1.473	1.338	1.430	1.245
51	2.183	1.874	1.648	1.816	1.453	111	1.709	1.474	1.337	1.428	1.247
52	2.165	1.860	1.634	1.799	1.447	112	1.707	1.470	1.338	1.428	1.246
53	2.144	1.844	1.625	1.784	1.436	113	1.706	1.468	1.336	1.426	1.245
54	2.127	1.828	1.612	1.768	1.426	114	1.702	1.465	1.335	1.424	1.243
55	2.110	1.811	1.600	1.753	1.420	115	1.700	1.466	1.334	1.422	1.245
56	2.091	1.796	1.587	1.739	1.408	116	1.699	1.464	1.332	1.419	1.244
57	2.077	1.782	1.576	1.729	1.400	117	1.698	1.462	1.331	1.417	1.244
58	2.059	1.768	1.566	1.716	1.390	118	1.695	1.460	1.332	1.418	1.243
59	2.045	1.759	1.555	1.704	1.387	119	1.693	1.459	1.330	1.417	1.244
60	2.033	1.746	1.545	1.692	1.379	120	1.692	1.457	1.329	1.415	1.243

Composite Rate: 2.829 2.426 2.044 2.315 1.724

American Modern Life Insurance Company

Arkansas Credit Accident and Health Insurance

Monthly Outstanding Balance Rates for Remaining Principal Balance

Single Disability - 6 Month Critical Period Benefit

Closed-End Debt

Rates per \$1,000 of Outstanding Balance (MOB_n)

<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>	<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
1	5.848	4.033	1.311	0.000	0.000	61	1.293	1.070	0.892	0.976	0.716
2	6.808	5.460	2.831	3.774	0.877	62	1.278	1.057	0.881	0.963	0.709
3	6.793	5.678	3.447	4.613	1.774	63	1.262	1.046	0.870	0.951	0.700
4	6.506	5.530	3.660	4.758	2.155	64	1.249	1.033	0.862	0.941	0.691
5	6.185	5.267	3.670	4.689	2.378	65	1.236	1.021	0.852	0.930	0.683
6	5.871	4.995	3.622	4.498	2.483	66	1.220	1.009	0.842	0.919	0.677
7	5.562	4.743	3.509	4.305	2.511	67	1.208	1.000	0.832	0.908	0.670
8	5.227	4.453	3.391	4.080	2.473	68	1.196	0.989	0.823	0.898	0.662
9	4.944	4.208	3.240	3.865	2.422	69	1.184	0.978	0.815	0.887	0.655
10	4.669	3.964	3.089	3.646	2.350	70	1.171	0.967	0.808	0.880	0.650
11	4.418	3.756	2.959	3.459	2.266	71	1.160	0.960	0.799	0.870	0.643
12	4.188	3.563	2.814	3.282	2.189	72	1.149	0.949	0.791	0.861	0.636
13	3.990	3.382	2.688	3.129	2.108	73	1.139	0.940	0.783	0.852	0.629
14	3.803	3.224	2.578	2.984	2.021	74	1.127	0.930	0.776	0.843	0.625
15	3.628	3.074	2.469	2.845	1.946	75	1.118	0.923	0.768	0.835	0.618
16	3.474	2.942	2.372	2.732	1.877	76	1.108	0.914	0.762	0.828	0.612
17	3.336	2.824	2.286	2.612	1.806	77	1.099	0.906	0.755	0.821	0.607
18	3.203	2.708	2.199	2.514	1.742	78	1.088	0.897	0.749	0.813	0.603
19	3.084	2.605	2.121	2.416	1.685	79	1.080	0.891	0.742	0.805	0.597
20	2.976	2.512	2.050	2.329	1.632	80	1.071	0.883	0.735	0.798	0.592
21	2.877	2.426	1.977	2.241	1.584	81	1.063	0.875	0.729	0.790	0.587
22	2.780	2.341	1.918	2.168	1.533	82	1.053	0.867	0.725	0.785	0.583
23	2.691	2.271	1.858	2.096	1.486	83	1.045	0.862	0.718	0.778	0.578
24	2.608	2.199	1.801	2.035	1.443	84	1.037	0.855	0.712	0.771	0.573
25	2.533	2.132	1.750	1.966	1.403	85	1.030	0.848	0.707	0.765	0.568
26	2.456	2.071	1.702	1.915	1.366	86	1.021	0.841	0.701	0.758	0.564
27	2.392	2.014	1.657	1.856	1.331	87	1.014	0.835	0.695	0.753	0.560
28	2.326	1.955	1.611	1.806	1.294	88	1.007	0.829	0.692	0.748	0.556
29	2.264	1.907	1.572	1.760	1.264	89	1.000	0.822	0.686	0.742	0.552
30	2.212	1.855	1.530	1.712	1.231	90	0.992	0.817	0.681	0.736	0.548
31	2.158	1.812	1.492	1.672	1.201	91	0.986	0.812	0.676	0.730	0.545
32	2.107	1.767	1.461	1.630	1.176	92	0.979	0.806	0.671	0.725	0.540
33	2.059	1.725	1.427	1.590	1.149	93	0.973	0.800	0.666	0.719	0.536
34	2.015	1.685	1.394	1.552	1.123	94	0.966	0.794	0.663	0.715	0.533
35	1.967	1.647	1.364	1.516	1.099	95	0.960	0.790	0.659	0.711	0.530
36	1.927	1.612	1.336	1.483	1.075	96	0.954	0.784	0.654	0.705	0.526
37	1.890	1.578	1.309	1.451	1.054	97	0.949	0.779	0.650	0.701	0.523
38	1.850	1.546	1.283	1.422	1.033	98	0.941	0.774	0.646	0.695	0.519
39	1.816	1.516	1.259	1.393	1.010	99	0.936	0.770	0.641	0.691	0.517
40	1.780	1.487	1.235	1.366	0.992	100	0.932	0.765	0.639	0.688	0.513
41	1.745	1.460	1.210	1.341	0.974	101	0.926	0.760	0.634	0.683	0.510
42	1.717	1.430	1.189	1.313	0.958	102	0.920	0.755	0.630	0.679	0.507
43	1.685	1.406	1.169	1.289	0.939	103	0.915	0.752	0.627	0.674	0.505
44	1.656	1.378	1.147	1.264	0.924	104	0.910	0.747	0.623	0.670	0.501
45	1.627	1.356	1.129	1.243	0.906	105	0.905	0.742	0.619	0.666	0.499
46	1.600	1.332	1.109	1.223	0.893	106	0.900	0.738	0.617	0.663	0.496
47	1.574	1.311	1.092	1.201	0.877	107	0.895	0.735	0.613	0.659	0.493
48	1.549	1.289	1.074	1.183	0.861	108	0.890	0.731	0.609	0.655	0.491
49	1.525	1.270	1.055	1.162	0.849	109	0.886	0.727	0.606	0.651	0.488
50	1.502	1.249	1.041	1.143	0.835	110	0.881	0.722	0.602	0.647	0.485
51	1.480	1.229	1.025	1.127	0.822	111	0.877	0.720	0.599	0.644	0.483
52	1.459	1.212	1.008	1.108	0.811	112	0.873	0.716	0.597	0.641	0.481
53	1.436	1.194	0.996	1.091	0.799	113	0.869	0.712	0.594	0.637	0.478
54	1.416	1.176	0.981	1.075	0.787	114	0.864	0.708	0.591	0.634	0.475
55	1.397	1.159	0.967	1.058	0.777	115	0.860	0.705	0.588	0.630	0.474
56	1.377	1.142	0.953	1.043	0.764	116	0.856	0.702	0.585	0.627	0.471
57	1.359	1.126	0.940	1.030	0.753	117	0.852	0.698	0.582	0.624	0.469
58	1.340	1.110	0.927	1.016	0.743	118	0.848	0.695	0.580	0.621	0.466
59	1.324	1.099	0.915	1.002	0.735	119	0.844	0.692	0.577	0.619	0.465
60	1.308	1.084	0.903	0.988	0.725	120	0.841	0.688	0.574	0.615	0.462

Composite Rate: 2.231 1.875 1.523 1.723 1.204

American Modern Life Insurance Company

Arkansas Credit Accident and Health Insurance

Monthly Outstanding Balance Rates for Remaining Principal Balance

Single Disability - 12 Month Critical Period Benefit

Closed-End Debt

Rates per \$1,000 of Outstanding Balance (MOB_n)

<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>	<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
1	5.848	4.033	1.311	0.000	0.000	61	1.523	1.280	1.091	1.197	0.913
2	6.808	5.460	2.831	3.774	0.877	62	1.506	1.264	1.078	1.182	0.905
3	6.793	5.678	3.447	4.613	1.774	63	1.487	1.252	1.065	1.168	0.894
4	6.506	5.530	3.660	4.758	2.155	64	1.472	1.237	1.056	1.156	0.883
5	6.185	5.267	3.670	4.689	2.378	65	1.457	1.222	1.044	1.143	0.874
6	5.871	4.995	3.622	4.498	2.483	66	1.439	1.209	1.032	1.129	0.866
7	5.586	4.766	3.511	4.331	2.511	67	1.425	1.198	1.021	1.116	0.857
8	5.299	4.522	3.426	4.156	2.489	68	1.411	1.185	1.010	1.104	0.847
9	5.071	4.329	3.319	3.999	2.473	69	1.398	1.172	1.000	1.092	0.839
10	4.848	4.134	3.213	3.833	2.443	70	1.382	1.160	0.992	1.083	0.832
11	4.645	3.972	3.126	3.696	2.401	71	1.370	1.151	0.981	1.071	0.824
12	4.459	3.820	3.021	3.565	2.366	72	1.357	1.139	0.972	1.060	0.815
13	4.297	3.672	2.932	3.448	2.322	73	1.346	1.128	0.962	1.050	0.807
14	4.135	3.537	2.847	3.326	2.266	74	1.332	1.116	0.953	1.039	0.802
15	3.976	3.401	2.756	3.203	2.212	75	1.321	1.108	0.944	1.029	0.793
16	3.832	3.279	2.672	3.101	2.160	76	1.310	1.098	0.937	1.021	0.786
17	3.702	3.168	2.594	2.986	2.099	77	1.299	1.088	0.929	1.012	0.779
18	3.572	3.054	2.512	2.891	2.042	78	1.286	1.078	0.921	1.002	0.774
19	3.454	2.952	2.437	2.795	1.990	79	1.277	1.070	0.913	0.993	0.767
20	3.347	2.858	2.368	2.707	1.940	80	1.267	1.061	0.905	0.984	0.760
21	3.247	2.772	2.294	2.616	1.894	81	1.258	1.052	0.898	0.975	0.754
22	3.147	2.684	2.235	2.540	1.842	82	1.246	1.043	0.892	0.969	0.750
23	3.055	2.611	2.172	2.464	1.794	83	1.237	1.037	0.884	0.961	0.743
24	2.969	2.535	2.113	2.400	1.749	84	1.228	1.028	0.878	0.952	0.737
25	2.890	2.465	2.059	2.325	1.707	85	1.220	1.020	0.871	0.945	0.731
26	2.809	2.400	2.008	2.270	1.668	86	1.209	1.011	0.864	0.937	0.725
27	2.740	2.339	1.960	2.205	1.631	87	1.201	1.005	0.857	0.930	0.721
28	2.670	2.275	1.910	2.151	1.589	88	1.193	0.998	0.853	0.924	0.716
29	2.603	2.222	1.868	2.100	1.557	89	1.185	0.990	0.846	0.917	0.710
30	2.547	2.166	1.822	2.047	1.520	90	1.176	0.983	0.840	0.910	0.705
31	2.489	2.119	1.779	2.002	1.486	91	1.169	0.977	0.834	0.903	0.702
32	2.434	2.069	1.745	1.955	1.458	92	1.161	0.971	0.828	0.896	0.696
33	2.382	2.023	1.707	1.910	1.427	93	1.154	0.963	0.822	0.890	0.691
34	2.333	1.979	1.671	1.867	1.398	94	1.146	0.957	0.818	0.885	0.687
35	2.280	1.937	1.637	1.827	1.370	95	1.139	0.952	0.813	0.879	0.683
36	2.236	1.897	1.605	1.789	1.343	96	1.132	0.945	0.808	0.873	0.679
37	2.195	1.859	1.575	1.752	1.318	97	1.125	0.939	0.802	0.867	0.674
38	2.150	1.823	1.546	1.719	1.294	98	1.117	0.933	0.797	0.861	0.670
39	2.113	1.790	1.518	1.686	1.267	99	1.111	0.928	0.792	0.855	0.667
40	2.073	1.757	1.491	1.655	1.246	100	1.106	0.922	0.789	0.851	0.662
41	2.034	1.726	1.462	1.626	1.225	101	1.099	0.917	0.783	0.846	0.659
42	2.003	1.693	1.438	1.593	1.205	102	1.092	0.911	0.779	0.841	0.654
43	1.967	1.665	1.415	1.566	1.182	103	1.086	0.906	0.774	0.835	0.652
44	1.934	1.634	1.390	1.537	1.165	104	1.081	0.901	0.770	0.830	0.648
45	1.902	1.609	1.368	1.512	1.144	105	1.075	0.896	0.765	0.825	0.644
46	1.871	1.581	1.345	1.489	1.128	106	1.069	0.890	0.762	0.822	0.640
47	1.842	1.557	1.326	1.463	1.109	107	1.063	0.887	0.758	0.816	0.637
48	1.813	1.531	1.305	1.442	1.090	108	1.058	0.882	0.754	0.812	0.634
49	1.787	1.510	1.283	1.418	1.076	109	1.053	0.877	0.749	0.807	0.630
50	1.761	1.486	1.267	1.395	1.059	110	1.047	0.872	0.745	0.803	0.627
51	1.736	1.463	1.247	1.376	1.043	111	1.042	0.869	0.742	0.798	0.625
52	1.711	1.444	1.228	1.354	1.030	112	1.037	0.864	0.739	0.795	0.621
53	1.685	1.423	1.214	1.334	1.015	113	1.033	0.860	0.735	0.790	0.618
54	1.663	1.402	1.196	1.314	1.000	114	1.027	0.855	0.731	0.786	0.615
55	1.642	1.382	1.180	1.295	0.988	115	1.022	0.852	0.728	0.782	0.613
56	1.618	1.362	1.163	1.277	0.972	116	1.018	0.848	0.724	0.778	0.609
57	1.598	1.344	1.148	1.262	0.960	117	1.013	0.843	0.720	0.774	0.607
58	1.576	1.326	1.133	1.245	0.946	118	1.008	0.839	0.718	0.771	0.604
59	1.558	1.312	1.118	1.228	0.937	119	1.004	0.836	0.714	0.768	0.602
60	1.540	1.296	1.104	1.212	0.925	120	1.000	0.832	0.711	0.764	0.599

Composite Rate: 2.518 2.140 1.769 2.008 1.444

American Modern Life Insurance Company

Arkansas Credit Accident and Health Insurance

Monthly Outstanding Balance Rates for Remaining Principal Balance

Single Disability - 18 Month Critical Period Benefit

Closed-End Debt

Rates per \$1,000 of Outstanding Balance (MOB_n)

<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>	<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
1	5.848	4.033	1.311	0.000	0.000	61	1.661	1.406	1.215	1.332	1.040
2	6.808	5.460	2.831	3.774	0.877	62	1.643	1.389	1.201	1.316	1.032
3	6.793	5.678	3.447	4.613	1.774	63	1.623	1.376	1.187	1.300	1.020
4	6.506	5.530	3.660	4.758	2.155	64	1.607	1.361	1.177	1.288	1.008
5	6.185	5.267	3.670	4.689	2.378	65	1.591	1.345	1.164	1.273	0.997
6	5.871	4.995	3.622	4.498	2.483	66	1.573	1.331	1.152	1.258	0.989
7	5.586	4.766	3.511	4.331	2.511	67	1.558	1.319	1.139	1.245	0.979
8	5.299	4.522	3.426	4.156	2.489	68	1.543	1.306	1.128	1.231	0.968
9	5.071	4.329	3.319	3.999	2.473	69	1.529	1.291	1.116	1.218	0.959
10	4.848	4.134	3.213	3.833	2.443	70	1.512	1.278	1.108	1.208	0.952
11	4.645	3.972	3.126	3.696	2.401	71	1.499	1.269	1.097	1.196	0.942
12	4.459	3.820	3.021	3.565	2.366	72	1.486	1.256	1.086	1.184	0.933
13	4.302	3.677	2.932	3.453	2.322	73	1.473	1.244	1.076	1.173	0.924
14	4.150	3.552	2.855	3.343	2.270	74	1.458	1.232	1.066	1.161	0.918
15	4.007	3.431	2.776	3.235	2.226	75	1.447	1.223	1.056	1.150	0.909
16	3.880	3.324	2.706	3.151	2.187	76	1.435	1.212	1.049	1.142	0.901
17	3.768	3.230	2.644	3.054	2.141	77	1.424	1.201	1.040	1.132	0.893
18	3.657	3.134	2.579	2.979	2.100	78	1.410	1.191	1.031	1.121	0.888
19	3.556	3.048	2.520	2.899	2.065	79	1.400	1.183	1.023	1.111	0.881
20	3.462	2.966	2.464	2.824	2.030	80	1.389	1.173	1.014	1.101	0.873
21	3.373	2.890	2.401	2.744	1.997	81	1.380	1.162	1.006	1.092	0.866
22	3.282	2.810	2.350	2.678	1.954	82	1.367	1.153	1.000	1.085	0.861
23	3.197	2.744	2.295	2.608	1.914	83	1.357	1.146	0.992	1.076	0.854
24	3.117	2.673	2.242	2.549	1.876	84	1.348	1.137	0.984	1.067	0.847
25	3.042	2.607	2.192	2.479	1.839	85	1.339	1.128	0.977	1.058	0.841
26	2.964	2.545	2.144	2.428	1.805	86	1.328	1.119	0.969	1.050	0.834
27	2.899	2.486	2.100	2.365	1.771	87	1.319	1.112	0.962	1.042	0.829
28	2.830	2.424	2.051	2.313	1.732	88	1.311	1.104	0.957	1.036	0.824
29	2.765	2.373	2.011	2.263	1.702	89	1.302	1.096	0.950	1.028	0.817
30	2.710	2.317	1.967	2.210	1.667	90	1.292	1.089	0.943	1.020	0.812
31	2.653	2.271	1.925	2.167	1.633	91	1.284	1.082	0.937	1.013	0.808
32	2.598	2.222	1.891	2.119	1.607	92	1.276	1.075	0.930	1.006	0.802
33	2.546	2.175	1.854	2.074	1.576	93	1.269	1.067	0.924	0.998	0.796
34	2.497	2.131	1.817	2.031	1.548	94	1.260	1.060	0.919	0.993	0.791
35	2.444	2.088	1.783	1.990	1.520	95	1.252	1.055	0.914	0.987	0.787
36	2.400	2.049	1.751	1.952	1.492	96	1.245	1.048	0.908	0.980	0.782
37	2.358	2.010	1.720	1.914	1.467	97	1.238	1.041	0.902	0.974	0.777
38	2.313	1.973	1.691	1.880	1.443	98	1.229	1.035	0.897	0.967	0.772
39	2.275	1.939	1.662	1.846	1.415	99	1.223	1.029	0.891	0.961	0.769
40	2.233	1.906	1.635	1.815	1.393	100	1.217	1.023	0.887	0.956	0.764
41	2.194	1.874	1.605	1.784	1.372	101	1.210	1.017	0.882	0.950	0.760
42	2.162	1.839	1.580	1.750	1.352	102	1.202	1.011	0.877	0.945	0.755
43	2.125	1.811	1.557	1.722	1.328	103	1.196	1.006	0.872	0.939	0.752
44	2.091	1.778	1.530	1.691	1.310	104	1.190	1.000	0.867	0.933	0.747
45	2.058	1.752	1.508	1.666	1.287	105	1.184	0.994	0.862	0.927	0.743
46	2.026	1.723	1.484	1.641	1.270	106	1.177	0.988	0.859	0.924	0.739
47	1.996	1.698	1.464	1.614	1.250	107	1.171	0.984	0.854	0.918	0.736
48	1.966	1.672	1.441	1.592	1.230	108	1.165	0.979	0.849	0.913	0.732
49	1.938	1.649	1.419	1.567	1.215	109	1.160	0.974	0.844	0.908	0.728
50	1.912	1.624	1.401	1.542	1.197	110	1.153	0.968	0.839	0.903	0.724
51	1.885	1.600	1.381	1.522	1.180	111	1.148	0.965	0.836	0.898	0.722
52	1.860	1.580	1.361	1.499	1.166	112	1.143	0.960	0.833	0.894	0.718
53	1.832	1.558	1.346	1.478	1.150	113	1.138	0.955	0.828	0.889	0.714
54	1.809	1.536	1.327	1.457	1.134	114	1.131	0.949	0.824	0.885	0.710
55	1.786	1.514	1.309	1.436	1.122	115	1.127	0.946	0.820	0.880	0.708
56	1.762	1.494	1.292	1.416	1.104	116	1.122	0.942	0.816	0.876	0.705
57	1.741	1.475	1.275	1.401	1.090	117	1.117	0.937	0.812	0.871	0.702
58	1.717	1.455	1.260	1.382	1.076	118	1.112	0.933	0.810	0.868	0.698
59	1.698	1.441	1.244	1.365	1.066	119	1.107	0.929	0.806	0.864	0.696
60	1.680	1.423	1.229	1.348	1.053	120	1.102	0.925	0.802	0.860	0.692

Composite Rate: 2.647 2.259 1.883 2.136 1.560

American Modern Life Insurance Company
Arkansas Credit Accident and Health Insurance
Monthly Outstanding Balance Rates for Remaining Principal Balance
Single Disability - 24 Month Critical Period Benefit
Closed-End Debt

Rates per \$1,000 of Outstanding Balance (MOB_n)

<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>	<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
1	5.848	4.033	1.311	0.000	0.000	61	1.765	1.501	1.308	1.432	1.137
2	6.808	5.460	2.831	3.774	0.877	62	1.746	1.483	1.293	1.416	1.128
3	6.793	5.678	3.447	4.613	1.774	63	1.726	1.470	1.279	1.399	1.116
4	6.506	5.530	3.660	4.758	2.155	64	1.709	1.454	1.269	1.387	1.103
5	6.185	5.267	3.670	4.689	2.378	65	1.693	1.438	1.256	1.371	1.092
6	5.871	4.995	3.622	4.498	2.483	66	1.674	1.423	1.243	1.356	1.084
7	5.586	4.766	3.511	4.331	2.511	67	1.659	1.411	1.230	1.342	1.073
8	5.299	4.522	3.426	4.156	2.489	68	1.644	1.397	1.218	1.328	1.062
9	5.071	4.329	3.319	3.999	2.473	69	1.629	1.383	1.206	1.314	1.052
10	4.848	4.134	3.213	3.833	2.443	70	1.612	1.369	1.197	1.304	1.045
11	4.645	3.972	3.126	3.696	2.401	71	1.598	1.359	1.186	1.292	1.035
12	4.459	3.820	3.021	3.565	2.366	72	1.584	1.346	1.175	1.279	1.026
13	4.302	3.677	2.932	3.453	2.322	73	1.572	1.333	1.165	1.267	1.016
14	4.150	3.552	2.855	3.343	2.270	74	1.556	1.321	1.154	1.255	1.010
15	4.007	3.431	2.776	3.235	2.226	75	1.545	1.312	1.144	1.243	1.000
16	3.880	3.324	2.706	3.151	2.187	76	1.532	1.300	1.136	1.235	0.992
17	3.768	3.230	2.644	3.054	2.141	77	1.521	1.289	1.127	1.225	0.983
18	3.657	3.134	2.579	2.979	2.100	78	1.506	1.278	1.118	1.213	0.978
19	3.558	3.049	2.520	2.901	2.065	79	1.496	1.270	1.109	1.203	0.970
20	3.468	2.973	2.467	2.831	2.032	80	1.485	1.260	1.100	1.193	0.962
21	3.387	2.903	2.410	2.758	2.003	81	1.475	1.249	1.092	1.183	0.955
22	3.305	2.831	2.366	2.700	1.967	82	1.462	1.239	1.085	1.176	0.949
23	3.229	2.774	2.319	2.640	1.935	83	1.452	1.232	1.077	1.166	0.942
24	3.159	2.713	2.275	2.593	1.906	84	1.442	1.222	1.069	1.157	0.935
25	3.094	2.655	2.235	2.532	1.879	85	1.433	1.213	1.061	1.148	0.928
26	3.024	2.602	2.196	2.489	1.853	86	1.421	1.204	1.053	1.139	0.921
27	2.966	2.549	2.158	2.433	1.828	87	1.412	1.197	1.045	1.131	0.916
28	2.904	2.493	2.115	2.388	1.795	88	1.403	1.188	1.040	1.124	0.910
29	2.844	2.447	2.081	2.343	1.771	89	1.394	1.180	1.033	1.116	0.903
30	2.794	2.395	2.040	2.295	1.740	90	1.383	1.172	1.026	1.108	0.897
31	2.741	2.353	2.002	2.255	1.711	91	1.376	1.165	1.019	1.100	0.893
32	2.689	2.306	1.972	2.211	1.689	92	1.367	1.158	1.012	1.092	0.887
33	2.640	2.262	1.937	2.168	1.661	93	1.359	1.149	1.005	1.085	0.881
34	2.594	2.220	1.903	2.127	1.635	94	1.350	1.142	1.000	1.079	0.875
35	2.543	2.180	1.871	2.089	1.610	95	1.342	1.136	0.995	1.073	0.871
36	2.500	2.141	1.841	2.052	1.584	96	1.335	1.129	0.988	1.065	0.866
37	2.460	2.104	1.812	2.016	1.561	97	1.327	1.122	0.982	1.059	0.860
38	2.416	2.068	1.783	1.983	1.538	98	1.318	1.115	0.977	1.051	0.856
39	2.379	2.035	1.756	1.950	1.511	99	1.312	1.110	0.970	1.045	0.852
40	2.338	2.003	1.730	1.919	1.490	100	1.305	1.103	0.967	1.040	0.847
41	2.299	1.971	1.700	1.889	1.470	101	1.298	1.097	0.961	1.034	0.842
42	2.268	1.937	1.676	1.855	1.450	102	1.290	1.090	0.955	1.028	0.837
43	2.231	1.909	1.653	1.828	1.427	103	1.283	1.085	0.950	1.022	0.834
44	2.198	1.877	1.627	1.797	1.409	104	1.277	1.079	0.945	1.015	0.829
45	2.165	1.851	1.605	1.772	1.387	105	1.271	1.073	0.940	1.009	0.824
46	2.133	1.822	1.581	1.747	1.371	106	1.264	1.067	0.936	1.006	0.820
47	2.103	1.797	1.561	1.720	1.350	107	1.257	1.063	0.931	1.000	0.817
48	2.073	1.770	1.538	1.698	1.330	108	1.251	1.058	0.926	0.995	0.813
49	2.045	1.748	1.515	1.672	1.315	109	1.246	1.052	0.921	0.989	0.808
50	2.018	1.722	1.498	1.647	1.297	110	1.239	1.046	0.916	0.984	0.804
51	1.992	1.698	1.477	1.627	1.280	111	1.233	1.043	0.912	0.979	0.802
52	1.966	1.677	1.457	1.604	1.266	112	1.228	1.037	0.909	0.974	0.798
53	1.939	1.655	1.442	1.582	1.249	113	1.223	1.032	0.904	0.969	0.793
54	1.915	1.633	1.423	1.561	1.233	114	1.216	1.026	0.900	0.965	0.789
55	1.892	1.611	1.405	1.539	1.221	115	1.211	1.023	0.896	0.960	0.787
56	1.867	1.590	1.387	1.519	1.202	116	1.206	1.018	0.891	0.955	0.783
57	1.846	1.571	1.370	1.503	1.188	117	1.201	1.013	0.887	0.950	0.780
58	1.822	1.551	1.354	1.484	1.173	118	1.195	1.008	0.885	0.947	0.776
59	1.802	1.536	1.338	1.466	1.163	119	1.190	1.004	0.880	0.943	0.774
60	1.783	1.518	1.322	1.449	1.150	120	1.186	1.000	0.876	0.938	0.770
Composite Rate:							2.720	2.327	1.947	2.208	1.626

American Modern Life Insurance Company

Actuarial Memorandum Applicable to Terminal Illness Benefit

This memorandum demonstrates premium computation methodology for the Terminal Illness Benefit written on the Company's credit life and disability forms. The premiums are based on existing statutory prima facie rates and available statistical data.

The benefit pays an amount equal to the balance of the loan upon certification from a licensed physician that the insured has a life expectancy of six months or less. Upon death of the insured, the benefit payable will be the lesser of 1) the scheduled insured indebtedness, plus up to two months of unpaid scheduled accrued interest, 2) the amount of life insurance in force, or 3) the maximum amount of insurance allowed under the certificate.

The cost of the benefit is composed of three components. The first component represents the amortization of the death benefit between the date of certification and the date of death. The second is equal to two months' interest on the scheduled balance. The third represents interest for six months on the death benefit, since benefits become payable up to six months earlier than in the absence of the Terminal Illness Benefit. All three components can be calculated relative to the underlying life insurance exposure. An assumed rate of exercising of the benefit is applied to the exposure. The result is a multiple of the life insurance gross premium rate applicable to the Terminal Illness Benefit.

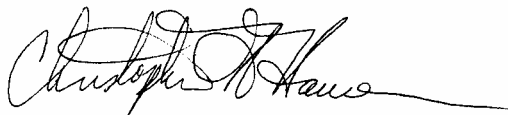
The first cost component is calculated based on a typical amortization of life insurance coverage on a 48 month 12% and a six month notice before actual death occurs. This is shown as Cost Component 1 on the attachment. It represents exposure of 16.4% increase over the life benefit without the Terminal Illness Benefit. The second cost component is calculated based on two months of interest at the loan interest rate. This is shown as Cost Component 2 on the attachment. It represents an additional exposure of 1.6% increase over the life benefit without the Terminal Illness Benefit. The third is equal to six months' interest at 6% annual effective rate on the benefit paid. This is shown as Cost Component 3 on the attachment. It represents an additional exposure of 2.3% increase over the life benefit without the Terminal Illness Benefit.

Using data published by the Center for Disease Control, non-accidental deaths represent 88% of total deaths in the age range typical for issuance of credit life insurance. The majority of these involve diseases of the cardiovascular system or cancer. For purposes of this rate derivation, I will assume that 50% of non-accidental deaths will exercise the Terminal Illness Benefit.

The multiple of the decreasing life rate which represents the additional rate for the Terminal Illness Benefit is given by: $(16.4\% + 1.6\% + 2.3\%) \times 88\% \times 50\% = 8.932\%$

Given an Arkansas prima facie life rate of \$ 1.00 per \$1,000 per month, the Terminal Illness Benefit gross premium is $8.932\% \times \$1.00 = \0.089 for single Monthly Outstanding Balance life coverage and $8.932\% \times \$1.70 = \1.52 for joint Monthly Outstanding Balance life coverage.

In my opinion, the above rates are actuarially consistent with published prima facie rates.



Christopher H. Hause, FSA, MAAA

Calculation of Additional Exposure of Terminal Illness Rider

<u>Month</u>	<u>12% Loan</u> <u>Amt</u>	<u>Decreasing</u> <u>Amount at</u> <u>Date of</u> <u>Notice</u>	<u>Decreasing</u> <u>Amount at</u> <u>Date of</u> <u>Death</u>	<u>Cost</u> <u>Component</u> <u>1</u>	<u>Cost</u> <u>Component</u> <u>2</u>	<u>Cost</u> <u>Component 3</u>	
1	1,000.00						
2	983.67						
3	967.17	967.17	882.18	84.99	19.44	28.59	
4	950.51	950.51	864.66	85.84	19.11	28.10	
5	933.68	933.68	846.98	86.70	18.77	27.60	
6	916.68	916.68	829.11	87.57	18.43	27.10	
7	899.51	899.51	811.07	88.44	18.08	26.59	
8	882.18	882.18	792.85	89.33	17.73	26.08	
9	864.66	864.66	774.44	90.22	17.38	25.56	
10	846.98	846.98	755.85	91.12	17.02	25.04	
11	829.11	829.11	737.08	92.04	16.67	24.51	
12	811.07	811.07	718.11	92.96	16.30	23.98	
13	792.85	792.85	698.96	93.89	15.94	23.44	
14	774.44	774.44	679.62	94.82	15.57	22.89	
15	755.85	755.85	660.08	95.77	15.19	22.35	
16	737.08	737.08	640.35	96.73	14.82	21.79	
17	718.11	718.11	620.41	97.70	14.43	21.23	
18	698.96	698.96	600.29	98.68	14.05	20.66	
19	679.62	679.62	579.95	99.66	13.66	20.09	
20	660.08	660.08	559.42	100.66	13.27	19.51	
21	640.35	640.35	538.68	101.66	12.87	18.93	
22	620.41	620.41	517.73	102.68	12.47	18.34	
23	600.29	600.29	496.58	103.71	12.07	17.75	
24	579.95	579.95	475.21	104.75	11.66	17.15	
25	559.42	559.42	453.63	105.79	11.24	16.54	
26	538.68	538.68	431.83	106.85	10.83	15.93	
27	517.73	517.73	409.81	107.92	10.41	15.31	
28	496.58	496.58	387.58	109.00	9.98	14.68	
29	475.21	475.21	365.12	110.09	9.55	14.05	
30	453.63	453.63	342.44	111.19	9.12	13.41	
31	431.83	431.83	319.53	112.30	8.68	12.77	
32	409.81	409.81	296.39	113.42	8.24	12.12	
33	387.58	387.58	273.02	114.56	7.79	11.46	
34	365.12	365.12	249.42	115.70	7.34	10.79	
35	342.44	342.44	225.58	116.86	6.88	10.12	
36	319.53	319.53	201.50	118.03	6.42	9.45	
37	296.39	296.39	177.18	119.21	5.96	8.76	
38	273.02	273.02	152.62	120.40	5.49	8.07	
39	249.42	249.42	127.81	121.61	5.01	7.37	
40	225.58	225.58	102.75	122.82	4.53	6.67	
41	201.50	201.50	77.45	124.05	4.05	5.96	
42	177.18	177.18	51.89	125.29	3.56	5.24	
43	152.62	152.62	26.07	126.54	3.07	4.51	
44	127.81	127.81	0.00	127.81	2.57	3.78	
45	102.75	102.75	0.00	102.75	2.07	3.04	
46	77.45	77.45	0.00	77.45	1.56	2.29	
47	51.89	51.89	0.00	51.89	1.04	1.53	
48	26.07	26.07	0.00	26.07	0.52	0.77	
Total	26,402.41			4,322.44	415.08	610.50	
Percentage of Life Exposure				16.4%	1.6%	2.3%	20.3%

American Modern Life Insurance Company
Arkansas Credit Accident and Health Insurance
15 Month Lump Sum Benefit Rates
Single Disability

Rates per \$1,000 of Outstanding Balance (MOB_n)

<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>	<u>Mos (n)</u>	<u>7 Retro</u>	<u>14 Retro</u>	<u>14 Elim</u>	<u>30 Retro</u>	<u>30 Elim</u>
1	5.848	4.033	1.311	0.000	0.000	61	2.122	1.827	1.638	1.778	1.490
2	6.808	5.460	2.831	3.774	0.877	62	2.112	1.817	1.631	1.769	1.491
3	6.793	5.678	3.447	4.613	1.774	63	2.099	1.812	1.624	1.761	1.485
4	6.506	5.530	3.660	4.758	2.155	64	2.091	1.803	1.622	1.757	1.480
5	6.185	5.267	3.670	4.689	2.378	65	2.083	1.794	1.616	1.749	1.476
6	5.871	4.995	3.622	4.498	2.483	66	2.072	1.786	1.610	1.741	1.476
7	5.586	4.766	3.511	4.331	2.511	67	2.065	1.782	1.604	1.734	1.474
8	5.299	4.522	3.426	4.156	2.489	68	2.058	1.775	1.599	1.727	1.469
9	5.071	4.329	3.319	3.999	2.473	69	2.051	1.767	1.595	1.720	1.467
10	4.848	4.134	3.213	3.833	2.443	70	2.041	1.760	1.593	1.719	1.468
11	4.645	3.972	3.126	3.696	2.401	71	2.035	1.758	1.588	1.713	1.465
12	4.459	3.820	3.021	3.565	2.366	72	2.029	1.751	1.585	1.707	1.462
13	4.302	3.677	2.932	3.453	2.322	73	2.024	1.745	1.581	1.702	1.458
14	4.150	3.552	2.855	3.343	2.270	74	2.016	1.740	1.577	1.696	1.461
15	4.007	3.431	2.776	3.235	2.226	75	2.012	1.737	1.573	1.691	1.457
16	3.880	3.324	2.708	3.151	2.189	76	2.007	1.733	1.572	1.690	1.455
17	3.768	3.230	2.649	3.054	2.148	77	2.003	1.728	1.570	1.687	1.453
18	3.657	3.134	2.585	2.979	2.112	78	1.995	1.723	1.567	1.682	1.456
19	3.558	3.050	2.528	2.902	2.080	79	1.993	1.722	1.564	1.678	1.455
20	3.470	2.974	2.477	2.833	2.050	80	1.988	1.718	1.561	1.674	1.453
21	3.390	2.906	2.422	2.761	2.025	81	1.986	1.713	1.559	1.670	1.452
22	3.309	2.835	2.380	2.705	1.992	82	1.979	1.709	1.560	1.670	1.454
23	3.235	2.779	2.335	2.646	1.962	83	1.976	1.709	1.557	1.667	1.453
24	3.167	2.720	2.292	2.600	1.936	84	1.973	1.705	1.555	1.663	1.452
25	3.105	2.665	2.254	2.542	1.911	85	1.971	1.702	1.553	1.660	1.451
26	3.040	2.616	2.219	2.505	1.890	86	1.965	1.698	1.551	1.658	1.450
27	2.988	2.570	2.187	2.455	1.869	87	1.964	1.698	1.549	1.656	1.452
28	2.933	2.520	2.151	2.417	1.843	88	1.962	1.695	1.551	1.656	1.452
29	2.881	2.482	2.124	2.381	1.826	89	1.960	1.692	1.549	1.654	1.451
30	2.841	2.438	2.091	2.342	1.804	90	1.955	1.691	1.548	1.651	1.451
31	2.797	2.405	2.062	2.312	1.784	91	1.954	1.691	1.547	1.649	1.454
32	2.756	2.368	2.041	2.277	1.772	92	1.952	1.689	1.545	1.647	1.453
33	2.717	2.334	2.015	2.245	1.753	93	1.951	1.686	1.544	1.646	1.453
34	2.682	2.301	1.991	2.215	1.737	94	1.948	1.684	1.546	1.647	1.453
35	2.641	2.271	1.969	2.187	1.722	95	1.947	1.685	1.547	1.646	1.456
36	2.610	2.243	1.948	2.160	1.706	96	1.946	1.683	1.545	1.644	1.456
37	2.580	2.215	1.929	2.135	1.693	97	1.945	1.681	1.544	1.643	1.456
38	2.547	2.190	1.911	2.113	1.681	98	1.941	1.680	1.545	1.641	1.458
39	2.522	2.167	1.894	2.091	1.664	99	1.942	1.681	1.544	1.641	1.461
40	2.492	2.145	1.877	2.071	1.654	100	1.942	1.679	1.547	1.643	1.461
41	2.464	2.123	1.857	2.052	1.644	101	1.941	1.678	1.546	1.642	1.462
42	2.444	2.098	1.843	2.028	1.635	102	1.938	1.678	1.546	1.641	1.462
43	2.418	2.080	1.830	2.011	1.621	103	1.938	1.678	1.546	1.640	1.466
44	2.395	2.057	1.813	1.990	1.614	104	1.938	1.678	1.546	1.639	1.466
45	2.372	2.041	1.801	1.975	1.601	105	1.938	1.677	1.546	1.638	1.467
46	2.351	2.022	1.786	1.961	1.594	106	1.937	1.676	1.549	1.642	1.469
47	2.331	2.006	1.776	1.944	1.584	107	1.937	1.678	1.549	1.641	1.471
48	2.311	1.989	1.762	1.932	1.572	108	1.937	1.678	1.549	1.641	1.473
49	2.293	1.975	1.748	1.915	1.567	109	1.939	1.677	1.549	1.640	1.474
50	2.276	1.959	1.740	1.899	1.558	110	1.937	1.676	1.549	1.640	1.475
51	2.259	1.943	1.728	1.889	1.550	111	1.937	1.680	1.551	1.641	1.479
52	2.243	1.932	1.716	1.874	1.545	112	1.938	1.679	1.554	1.642	1.480
53	2.225	1.918	1.710	1.862	1.537	113	1.940	1.679	1.554	1.643	1.481
54	2.211	1.904	1.699	1.849	1.529	114	1.938	1.678	1.555	1.643	1.482
55	2.197	1.890	1.689	1.836	1.526	115	1.939	1.681	1.556	1.643	1.487
56	2.180	1.877	1.679	1.824	1.515	116	1.940	1.681	1.556	1.643	1.488
57	2.168	1.865	1.670	1.817	1.510	117	1.941	1.682	1.557	1.643	1.490
58	2.152	1.853	1.662	1.806	1.502	118	1.941	1.682	1.562	1.647	1.491
59	2.142	1.848	1.653	1.797	1.501	119	1.942	1.684	1.562	1.648	1.496
60	2.132	1.837	1.645	1.787	1.495	120	1.943	1.684	1.563	1.648	1.496

Composite Rate: 2.879 2.472 2.099 2.363 1.792

SERFF Tracking Number: AMMH-125829071 State: Arkansas
Filing Company: American Modern Life Insurance Company State Tracking Number: 40368
Company Tracking Number: AR-OECEPOL(7/08)
TOI: CR02G Group Credit - Credit Disability Sub-TOI: CR02G.001 Monthly Premium - Open-End
Product Name: AR-OECEPol (7/08)
Project Name/Number: AR-OECEPol (7/08)/AR-OECEPol (7/08)

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/23/2008

Comments:

Attached are the required certification notices.

Attachment:

AR FleschCert.pdf

Review Status:

Satisfied -Name: Application 09/23/2008

Comments:

The required applications are attached under the Form tab

Review Status:

Satisfied -Name: Statement of Variability 09/25/2008

Comments:

Attached is a Statement of Variability detailing each of the variable items contained in the filing.

Attachment:

AR SOV.pdf

STATE OF ARKANSAS
AMERICAN MODERN LIFE INSURANCE COMPANY

This is to certify that AR-OECEPol (7/08), et al (form number) meets the requirements of Rule and Regulation 19, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that AR-OECEPol (7/08), et al (form number) meets the requirements of Rule and Regulation 49, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that AR-OECEPol (7/08), et al (form number) meets the requirements of the Consumer Information Notice, as required under ACA 23-79-138 and Bulletin 11-88.

This is to further certify that AR-OECEPol (7/08), et al (form number) meets the requirements for simplified policy forms as required by Section 66-3251 through 66-3258 of the Arkansas Insurance Code.

1. The Flesch Reading Ease Test Score for each form is shown below:
2. The form is printed, except for specifications page, schedules and tables, in not less than ten point type, one point leaded.
3. The text contains See below words.
4. Exception should be made for the following language or terminology:
For the following reasons: _____

5. The form was analyzed as follows: MicroPower

6. Related forms scored separately? Yes

The Flesch Reading Ease Test Score for these forms are as follows:

Form #	Form Description	Flesch Score	Words
<u>AR-OECEPol (7/08)</u>	Group Credit Master Policy	50	803
<u>AR-MPApp (7/08)</u>	Group Credit Master Policy Application	47	447
<u>AR-AWDApp (7/08)</u>	Group Debtor Application (actively at work)	45	641
<u>AR-HSAppI (7/08)</u>	Group Debtor Application (health statement)	45	812
<u>AR-OECEPol (7/08)</u>	Group Debtor Application (health question)	45	891
<u>AR-OECECert (7/08)</u>	Group Credit Certificate	53	5096
<u>AR-Disc (7/08)</u>	Group Credit Disclosure	45	1021

American Modern Life Insurance Company



Joe Elms, Vice President
September 25, 2008

ARKANSAS STATEMENT OF VARIABILITY

MASTER POLICY, Form AR-OECEPol (7/08)

This is the Master Policy that will be used with each of the Debtor Applications and Debtor Certificates.

1. **Group Policy Number, Policy Date and Policyholder name:** will be customized for each Policyholder
2. **Termination.** The number of days notice required prior to be given prior to termination may be extended in 15 day increments from 30 to 90 days.
3. **Signature.** The officer's signature locations are shown as a variable in the event that an officer change occurs.

MASTER POLICY APPLICATION, Form AR-MPApp (7/08)

This form will be issued in conjunction with the Master Policy (form AR-OECEPol (7/08)), and will be used with each of the Debtor Applications and Debtor Certificates.

1. **Creditor Name and Address:** Customized for each Creditor (Policyholder).
2. **Life Maximum Age.** The age will never be less than that required by statute but may be increased upon the request of the Creditor.
3. **Maximum Amount of Life Insurance Per Debtor.** This amount will vary based upon the requirements of the Creditor, and will be set by the Company.
4. **Maximum Term for Closed End Coverage.** This amount will vary based upon the requirements of the Creditor, and will be set by the Company.
5. **Disability Maximum Age.** The age will never be less than that required by statute, but may be increased upon the request of the Creditor.
6. **Maximum Amount of Disability Per Incidence and Maximum Monthly Benefit.** These amounts will vary based upon the requirement of the Creditor, and will be set by the Company.
7. **Maximum Term for Closed End Coverage.** This amount will vary based upon the requirements of the Creditor, and will be set by the Company.
8. **Company Telephone Number.** This number is shown as a variable in the event the number designated by the Company changes in the future.

APPLICATION, FORM AR-AWD App (7/08)

This application contains an actively-at-work statement for disability.

1. **Certificate Number** Customized for each Debtor.
2. **Schedule Items.** Will be customized for each Creditor.
3. **Amount Financed and Balloon Amount.** Will match the details of each individual debtor's loan.
4. **Initial Amount of Insurance.** Will match the details of each individual debtor's loan.
5. **Closed-end Estimated Premium.** Will be completed only when closed-end coverage is selected.
6. **Life Coverages.** Based on the selections made by the Creditor in the master policy application, the optional coverage will either be included or excluded in its' entirety.
7. **Monthly Disability Benefit .** Will match the details of each individual debtor's loan.
8. **Closed-end Estimated Premium.** Will be completed only when closed-end coverage is selected.
9. **Disability Coverages.** Based on the selections made by the Creditor in the master policy application, the optional coverages will either be included or excluded in their entirety.
10. **Waiting Period.** The waiting period will vary based on the benefit plan offered by the Creditor.
11. **Maximum Limits Per Debtor or Loan.** The use of Debtor or Loan will be based on the requirements and lending practices of each Creditor.
12. **Maximum Term for Life and Disability.** When closed-end coverage is selected, this field will indicate the maximum term elected by the Creditor in the Master Policy Application.
13. **Maximum Limit for Life.** Will match the selection made by the Company and Creditor in the Master Policy Application.
14. **Maximum Monthly Disability Benefit.** Will match the selection made by the Creditor in the Master Policy Application.
15. **Monthly Disability Aggregate.** Will match the selection made by the Creditor in the Master Policy Application.
16. **Maximum Age Limits.** The age will never be less than that required by statute but may be increased upon the request of the Creditor. Based on the requirements of the Creditor, the age will be applied on EITHER the effective date or the loan maturity date.
17. **Insurance Stops Age.** The age will never be less than that required by statute but may be increased upon 'the request of the Creditor.
18. **Disability Actively At Work Question.** The use of a weekly qualifying period may be increased between four weeks to a maximum of 12 weeks.
19. **DISCLOSURES.** The additional disclosures (Truncated, Pre-Existing Condition Exclusion and Terminal Illness) at the foot of the form will be included or exclude in their entirety on a "per Creditor" basis.
20. **Company Telephone Number.** This number is shown as a variable in the event the number designated by the Company changes in the future.
21. **Plan/Stock Number Shown in Footer.** The Company may assign a plan or stock number when the forms are issued.

APPLICATION, FORM AR-HSApp (7/08)

This application may include customized health statements for both life and disability coverages.

1. **Certificate Number** Customized for each Debtor.
2. **Schedule Items.** Will be customized for each Creditor.
3. **Amount Financed and Balloon Amount.** Will match the details of each individual debtor's loan.
4. **Initial Amount of Insurance.** Will match the details of each individual debtor's loan.
5. **Closed-end Estimated Premium.** Will be completed only when closed-end coverage is selected.
6. **Life Coverage.** Based on the selections made by the Creditor in the master policy application, the optional coverage will either be included or excluded in its' entirety.
7. **Monthly Disability Benefit .** Will match the details of each individual debtor's loan.
8. **Closed-end Estimated Premium.** Will be completed only when closed-end coverage is selected.
9. **Disability Coverage.** Based on the selections made by the Creditor in the master policy application, the optional coverage will either be included or excluded in their entirety.
10. **Preexisting Exclusion and Waiting Period.** The statement regarding the inclusion of a pre-existing condition exclusion for disability will be either included or excluded in its' entirety. The waiting period will vary based on the benefit plan offered by the Creditor.
11. **Maximum Limits Per Debtor or Loan.** The use of Debtor or Loan will be based on the requirements and lending practices of each Creditor.
12. **Maximum Term for Life and Disability.** When closed-end coverage is selected, this field will indicate the maximum term elected by the Creditor in the Master Policy Application.
13. **Maximum Limit for Life.** Will match the selection made by the Company and Creditor in the Master Policy Application.
14. **Maximum Monthly Disability Benefit.** Will match the selection made by the Creditor in the Master Policy Application.
15. **Monthly Disability Aggregate.** Will match the selection made by the Creditor in the Master Policy Application.
16. **Maximum Age Limits.** The age will never be less than that required by statute but may be increased upon the request of the Creditor. Based on the requirements of the Creditor, the age will be applied on EITHER the effective date or the loan maturity date.
17. **Insurance Stops Age.** The age will never be less than that required by statute but may be increased upon the request of the Creditor.
18. **Application Statements.** The specific health conditions which the Company feels are material are each indicated as variable. Based on the practices of each Creditor, the health questions will be customized by Creditor.
19. **DISCLOSURES.** The additional disclosures (Truncated, Pre-Existing Condition Exclusion and Terminal Illness) at the foot of the form will be included or exclude in their entirety on a "per Creditor" basis.
20. **Company Telephone Number.** This number is shown as a variable in the event the number designated by the Company changes in the future.
21. **Plan/Stock Number Shown in Footer.** The Company may assign a plan or stock number when the forms are issued.

APPLICATION, FORM AR-HQApp (7/08)

This application may include customized health questions for both life and disability coverages.

1. **Certificate Number** Customized for each Debtor.
2. **Schedule Items.** Will be customized for each Creditor.
3. **Amount Financed and Balloon Amount.** Will match the details of each individual debtor's loan.
4. **Initial Amount of Insurance.** Will match the details of each individual debtor's loan.
5. **Closed-end Estimated Premium.** Will be completed only when closed-end coverage is selected.
6. **Life Coverage.** Based on the selections made by the Creditor in the master policy application, the optional coverage will either be included or excluded in its' entirety.
7. **Monthly Disability Benefit .** Will match the details of each individual debtor's loan.
8. **Closed-end Estimated Premium.** Will be completed only when closed-end coverage is selected.
9. **Disability Coverage.** Based on the selections made by the Creditor in the master policy application, the optional coverage will either be included or excluded in their entirety.
10. **Preexisting Exclusion and Waiting Period.** The statement regarding the inclusion of a disability pre-existing condition exclusion will be either included or excluded in its' entirety. The waiting period will vary based on the benefit plan offered by the Creditor.
11. **Maximum Limits Per Debtor or Loan.** The use of Debtor or Loan will be based on the requirements and lending practices of each Creditor.
12. **Maximum Term for Life and Disability.** When closed-end coverage is selected, this field will indicate the maximum term elected by the Creditor in the Master Policy Application.
13. **Maximum Limit for Life.** Will match the selection made by the Company and Creditor in the Master Policy Application.
14. **Maximum Monthly Disability Benefit.** Will match the selection made by the Creditor in the Master Policy Application.
15. **Monthly Disability Aggregate.** Will match the selection made by the Creditor in the Master Policy Application.
16. **Maximum Age Limits.** The age will never be less than that required by statute but may be increased upon the request of the Creditor. Based on the requirements of the Creditor, the age will be applied on EITHER the effective date or the loan maturity date.

17. **Insurance Stops Age.** The age will never be less than that required by statute but may be increased upon 'the request of the Creditor.
18. **Actively-at-work Question.** At the request of the Creditor, this question may be deleted in its' entirety. The use of a weekly qualifying period may be increased between four weeks to a maximum of 12 weeks.
19. **Circle Conditions.** At the agreement of the Creditor and Company, the forms may include a "Named Exclusion" provision, which allows the Company to accept Debtor's who would otherwise be ineligible due to health conditions, by excluding those conditions from coverage. This statement will either be included or deleted in its' entirety.
20. **Health Conditions.** The specific health conditions which the Company feels are material are each indicated as variable. Based on the practices of each Creditor, the health questions will be customized by Creditor.
21. **Yes/No and Initials for Health Conditions.** The use of the initial box will be determined based on the practices of each Creditor. In some cases the Creditors may elect not to have customers individually initial each question.
22. **Disclosures.** The additional disclosures (Truncated, Pre-Existing Condition Exclusion and Terminal Illness) at the foot of the form will be included or exclude in their entirety on a "per Creditor" basis.
23. **Company Telephone Number.** This number is shown as a variable in the event the number designated by the Company changes in the future.
24. **Plan/Stock Number Shown in Footer.** The Company may assign a plan or stock number when the forms are issued

CERTIFICATE, Form AR-OEECCert (7/08)

This is a combination open-end/closed-end monthly outstanding balance certificate.

Page One

1. **Company Phone Number.** This is shown as a variable in the event the current phone number is changed.
2. **Certificate Number.** Customized for each Debtor.
3. **Truncated for Closed-end.** This provision will be included when closed-end coverage is offered.
4. **Notice to Insured's**
 - a. **Number 1.** The reference to term will be included only when closed-end truncated coverage is offered.
 - b. **Number 2.** Based upon the Creditor's selections in the Master Policy Application the reference to a pre-existing condition exclusion for disability will be included or deleted in its' entirety.
 - c. **Closed-End Coverage Notice.** Based on the type of loan being insured, this will be included or deleted in its' entirety.
 - d. **Named Exclusion Disclosure.** At the agreement of the Creditor and Company, the forms may include a "Named Exclusion" provision, which allows the Company to accept Debtor's who would otherwise be ineligible due to health conditions, by excluding those conditions from coverage. This statement will either be included or deleted in its' entirety.
 - e. **Life and Disability Ages.** Ages will never be less than that required by statute but may be increased upon the request of the Creditor. The anticipated maximum extended age is 71.
 - f. **Critical Period Disclosure.** This will be included or deleted in its' entirety based upon the Creditor's selection to offer critical period coverage.
5. **Description of form will include each variable offered by the Creditor.**
6. **The footer of the Certificate shows either Plan, Form or Stock number in the lower right corner. This will be determined by the Company based on the variables included in each form, and will be assigned for tracking purposes.**

Page Two

1. **Eligibility.** Based on the request of the Creditor in the Master Policy Application:
 - a. **actively at work requirement for disability.** Term may vary between 4 weeks and 12 weeks;
 - b. **Primary Debtor statement.** may be included if the Creditor requires that the first named debtor be the primary debtor. If the Creditors practices allow either debtor, when there are joint debtors, to be listed as the primary, this sentence will be deleted in its' entirety.
2. **Life Insurance Optional Benefits Statement.** This will be included if the Creditor elects to offer the Terminal Illness Benefit.
3. **Terminal Illness Benefit.** This will be included or excluded in its' entirety based on the selection of the Creditor in the Master Policy Application.
4. **Suicide Exclusion.** Based on the Creditor's elections in the Master Policy Application, this exclusion may be included or deleted in its' entirety.
5. **Total Disability Notices.** The notice relating to closed-end coverage will be included only when closed-end coverage is written. The statement that Total Disability is limited to one coverage only will be removed if standard disability coverage only is offered.
6. **Total Disability Incurred Date.** The number of days required for re-eligibility may be decreased to 7 days, or increased to a maximum of 120 days.

Page Three

1. **Aggregate disability language.** This may be included or excluded in its' entirety in order to match the current practices of each Creditor.
2. **Standard Total Disability Coverage.** This provision will be included or excluded in its' entirety based upon the election made by the Creditor in the Master Policy Application.

3. **Critical Period Disability Coverage.** This provision will be included or excluded in its' entirety based upon the election made by the Creditor in the Master Policy Application.
4. **Standard Disability with Lump Sum Benefit.** This provision will be included or excluded in its' entirety based upon the election made by the Creditor in the Master Policy Application.

Page Four

1. **Total Disability Exclusions.** Based on the Creditor's request, various allowable disability exclusions may be included or deleted in their entirety. The statement regarding exclusion of pre-existing conditions will be deleted in its' entirety based on the selection made by the Creditor in the Master Policy Application.
2. **Pre-Existing Medical Condition.** If the Creditor selected to exclude pre-existing medical conditions in the Master Policy Application, this provision will be included. If not, it will be removed in its' entirety.
3. **General Provisions.** Variable statements relating to joint life will be included or deleted in their entirety based upon the selections made by the Creditor in the Master Policy Application.
4. **When Coverage Stops.**
 - a. Item #4. the term may be increased from 3 months to 4, 5 or 6 months.
 - b. Item #11. the term may be extended to 60 days notice.

Page Five

1. **Excess Insurance & Misstatement of Terms.** This aggregate language may be included or excluded in its' entirety in order to match the current practices of each Creditor.
2. **Refund.** The amount is shown as a variable, but will never be less than \$1.00.
3. **Claim Forms.** Reference to Terminal Illness will be included or excluded in its' entirety based upon the selection by the Creditor in the Master Policy Application.

Page Six

1. **Proof of Terminal Illness.** Reference to Terminal Illness will be included or excluded in its' entirety based upon the selection by the Creditor in the Master Policy Application.
2. **Signature.** The officer's signature location is shown as a variable in the event that an officer change occurs.

DISCLOSURE, Form AR-Disc (7/08)

This form will be issued in conjunction with each Certificate, to provide rate information and a general overview of the insurance product.

1. **Rates.** All references throughout the form to rates will be tied back to the rates submitted with this filing and approved by your Department.
2. **Premium Rate Chart.** Based on the coverage being offered, single and/or joint life rates will be those filed and approved by your Department. The appropriate rate plan of disability insurance will be displayed, and the rates in the chart will be those filed and approved by your Department.

Page Two

1. The statement regarding disability pre-existing condition exclusion will be included or deleted in its' entirety based upon the selection made by the Creditor in the Master Policy Application.

<i>SERFF Tracking Number:</i>	<i>AMMH-125829071</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40368</i>
<i>Company Tracking Number:</i>	<i>AR-OECEPOL(7/08)</i>		
<i>TOI:</i>	<i>CR02G Group Credit - Credit Disability</i>	<i>Sub-TOI:</i>	<i>CR02G.001 Monthly Premium - Open-End</i>
<i>Product Name:</i>	<i>AR-OECEPol (7/08)</i>		
<i>Project Name/Number:</i>	<i>AR-OECEPol (7/08)/AR-OECEPol (7/08)</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Debtor Application	09/23/2008	AR AWDApp _7-08_.pdf
No original date	Form	Debtor Application	09/23/2008	AR HSApp _7-08_.pdf
No original date	Form	Debtor Application	09/23/2008	AR HQApp _7-08_.pdf
No original date	Form	Group MP Application	09/23/2008	AR MPApp 7-08.pdf

American Modern Life Insurance Company

7000 Midland Blvd., Amelia, Ohio 45102

(Called the Company, We, Us, or Our)

CERTIFICATE NUMBER: [XX 123456789]**SCHEDULE**

<input type="checkbox"/> OPEN-END		MONTHLY OUTSTANDING BALANCE CREDIT LIFE & DISABILITY INSURANCE		<input type="checkbox"/> CLOSED-END	
PRIMARY DEBTOR [JOHN DOE]		SS # [xxx-xx-xxxx]		ADDRESS [123 Any Street, Any City, XX 00000]	
JOINT DEBTOR (Life only)		SS #		ADDRESS	
CREDITOR BENEFICIARY [ABC Credit Union, 987 Any Street, Any City, XX 00000]		SECOND BENEFICIARY [Jane Doe, wife]			
Loan #: [9191919191919]		Customer # [19191919191]		GROUP POLICY # [987654 XX]	
LOAN:				Effective Date	Term in Months
Amount Financed: \$[10,000.00] Balloon Amount: \$[10,000.00] LIFE ONLY APR %					
LIFE INSURANCE:				Effective Date	Term in Months
Initial Amount of Insurance: \$[10,000.00] Closed-End Estimated Premium: \$[.xxxxx]					
<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life		Open-End Monthly Premium Rates per \$1,000: Single: ____ Joint: ____			
Coverage Selected: <input type="checkbox"/> Standard Benefit <input type="checkbox"/> Truncated: Closed-End ONLY <input type="checkbox"/> Life with Terminal Illness Benefit					
DISABILITY INSURANCE				Effective Date	Term in Months
Monthly Disability Benefit: \$[1,000.00] Closed-End Estimated Premium: \$[.015]					
<input type="checkbox"/> Single Disability		Open-End Monthly Premium Rates per \$1,000: Single: ____ Joint: ____			
Coverage Selected: <input type="checkbox"/> Standard <input type="checkbox"/> Truncated: Closed-End ONLY <input type="checkbox"/> Standard with Lump Sum Benefit					
<input type="checkbox"/> Critical Period: Maximum Number of Monthly Benefit [12]					
[Pre-Existing Medical Condition Exclusion Applies: <input type="checkbox"/> Yes <input type="checkbox"/> No]		Waiting Period [30] DAYS		<input type="checkbox"/> Retroactive	<input type="checkbox"/> Non-Retroactive
Maximum Limits Apply Per: <input type="checkbox"/> Loan <input type="checkbox"/> Debtor		Maximum Term of Insurance Life: [120] Months Disability: [120] months		Maximum Amount of Life Insurance: \$[10,000]	Maximum Monthly Disability Benefit \$[1,000]
Maximum Age [on Effective Date] [at Loan Maturity]: LIFE: [66] years DISABILITY: [66] years		Insurance Stops on YOUR: [66th] birthday for LIFE [66th] birthday for DISABILITY			

APPLICATION:

Primary Debtor		
ANSWER THE FOLLOWING IF DISABILITY COVERAGE IS REQUESTED: (AVAILABLE FOR THE PRIMARY DEBTOR ONLY)		
[Yes No] <input type="checkbox"/> <input type="checkbox"/>	[Initials] []	1. Have you, during each of the [4] weeks prior to the effective date shown above, been: a) actively at work for wages or profit; and b) physically present at your place of employment and performed substantially all of the duties of your occupation or employment for at least 30 hours per week?

IMPORTANT NOTICE: The truthfulness of your answers will not be investigated until a claim is filed. We are relying on the truthfulness of your answers in issuing a Certificate of Insurance. If you cannot truthfully answer "YES" to question 1 above, you should not sign this Application or pay the premium or accept delivery of the Certificate of Insurance because any claim may be denied. No one has the authority to alter or waive our requirement of truthfulness.

[CLOSED-END COVERAGE ONLY IF TRUNCATED COVERAGE IS SELECTED, INSURANCE COVERAGE IS NOT PROVIDED FOR THE FULL TERM OF THE LOAN. BENEFITS ARE PAYABLE ONLY IF THE COVERED LOSS OCCURS DURING THE INSURANCE TERM.]

[DISABILITY CAUSED BY PRE-EXISTING CONDITIONS MAY NOT BE COVERED.]

[TERMINAL ILLNESS. You can file a claim if you have a terminal illness which in the opinion of a licensed physician will result in your death in [6] months or less. Receipt of a terminal illness benefit may be taxable, and you should seek assistance from a personal tax advisor. Payment of a terminal illness benefit will stop all coverage under this certificate.]

FREE LOOK: THE PURCHASE OF THIS INSURANCE IS COMPLETELY VOLUNTARY. I CAN CANCEL THIS INSURANCE AT ANY TIME. IF I CANCEL WITHIN 30 DAYS AFTER I RECEIVE THIS CERTIFICATE ANY PREMIUM CHARGED WILL BE CREDITED TO MY ACCOUNT.

ARKANSAS INSURANCE DEPT. TOLL FREE TELEPHONE NO. 1-800-852-5494

If you have any questions regarding your insurance or should a problem or complaint arise, please contact us. at 7000 Midland Boulevard, Amelia, Ohio 45103 [513-XXX-XXXX]. You may also obtain assistance from the Arkansas Insurance Dept., Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904, 501-371-2640.

DO NOT SIGN BELOW UNLESS YOU HAVE READ THE STATEMENTS ABOVE

X _____ Date of Birth _____
PROPOSED PRIMARY DEBTOR (APPLICANT)

X _____ Date of Birth _____
PROPOSED JOINT DEBTOR (APPLICANT)

American Modern Life Insurance Company

7000 Midland Blvd., Amelia, Ohio 45102

(Called the Company, We, Us, or Our)

CERTIFICATE NUMBER: [XX 123456789]**SCHEDULE**

<input type="checkbox"/> OPEN-END	MONTHLY OUTSTANDING BALANCE CREDIT LIFE & DISABILITY INSURANCE		<input type="checkbox"/> CLOSED-END
PRIMARY DEBTOR [JOHN DOE]	SS # [xxx-xx-xxxx]	ADDRESS [123 Any Street, Any City, XX 00000]	AGE [35]
JOINT DEBTOR (Life only)	SS #	ADDRESS	AGE
CREDITOR BENEFICIARY [ABC Credit Union, 987 Any Street, Any City, XX 00000]		SECOND BENEFICIARY [Jane Doe, wife]	
Loan #: [919191919191]		Customer # [19191919191]	GROUP POLICY # [987654 XX]

LOAN:		Effective Date	Term in Months	Expiration Date
Amount Financed: [10,000.00]	Balloon Amount: \$[10,000.00] LIFE ONLY	APR %		
LIFE INSURANCE:		Effective Date	Term in Months	Expiration Date
Initial Amount of Insurance: \$[10,000.00]	Closed-End Estimated Premium: \$[.xxxxx]			
<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life		Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____		
Coverage Selected: <input type="checkbox"/> Standard Benefit <input type="checkbox"/> Truncated: Closed-End ONLY <input type="checkbox"/> Life with Terminal Illness Benefit				
DISABILITY INSURANCE		Effective Date	Term in Months	Expiration Date
Monthly Disability Benefit: \$[1,000.00]	Closed-End Estimated Premium: \$[.xxx]			
<input type="checkbox"/> Single Disability		Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____		
Coverage Selected: <input type="checkbox"/> Standard <input type="checkbox"/> Truncated: Closed-End ONLY <input type="checkbox"/> Standard with Lump Sum Benefit				
<input type="checkbox"/> Critical Period: Maximum Number of Monthly Benefit [12]				
[Pre-Existing Medical Condition Exclusion Applies: <input type="checkbox"/> Yes <input type="checkbox"/> No]		Waiting Period [30] DAYS <input type="checkbox"/> Retroactive <input type="checkbox"/> Non-Retroactive		
Maximum Limits Apply Per: <input type="checkbox"/> Loan <input type="checkbox"/> Debtor	Maximum Term of Insurance Life: [120] Months Disability: [120] months	Maximum Amount of Life Insurance: \$[10,000]	Maximum Monthly Disability Benefit \$[1,000]	Maximum Total Disability Benefit: \$[10,000]
Maximum Age [on Effective Date] [at Loan Maturity]: LIFE: [66] years DISABILITY: [66] years		Insurance Stops on YOUR: [66 th] birthday for LIFE [66 th] birthday for DISABILITY		

APPLICATION:	
1. I represent that I am in good health as of the effective date. I further represent that I do not have, nor have I ever had, nor have I been told I have, nor have I been treated within the last [12] months for: [Acquired Immune Deficiency Syndrome (AIDS)], [alcohol or drug abuse], [cancer], [high blood pressure] [for which [2 or more] [medication(s)] has(have) been prescribed], [insulin dependent] [diabetes], [immune system disorder], [Asthma], [Emphysema], [Crohn's Disease], [Chronic Obstructive Pulmonary Disease-COPD], [Lupus or Graves Disease], [Epilepsy, Muscular Dystrophy, Multiple Sclerosis], [stroke][or] [tumor][, or] [any disease, disorder, or injury of the [brain[, [heart[, [kidney(s)], [liver], [lung(s)], [or] [nervous], [circulatory], [neurological], [digestive] or cardiovascular system(s)]]].	
THE FOLLOWING STATEMENT APPLIES TO DISABILITY COVERAGE ONLY: (AVAILABLE FOR THE PRIMARY DEBTOR ONLY)	
2. I further represent that I do not have, nor have I ever had, nor have I been told I have, nor have I been treated within the last [12] months for: [carpal tunnel syndrome], [an emotional or mental disorder or condition], [rheumatoid arthritis], [degenerative disc disease], [herniated disc], [strained or sprained back muscle], [knee cartilage or [ligament damage], [whiplash or strained or sprained neck], [or an injury, disease, or disorder of the [back], [knee], [neck], [shoulder], [spine], or [joints]].	
3. I represent that, during each of the [4] weeks prior to the effective date, I have been: a) actively at work for wages or profit; and b) physically present at my place of employment and performed substantially all of the duties of my occupation or employment for at least 30 hours per week?	
I agree that if I have misrepresented my health condition or my employment status my insurance coverage may be void, and the insurance company's only liability will be the refund of any premiums I have paid. I understand that a copy of the Application will be made a part of any certificate issued. No one has the authority to alter or waive our requirement of truthfulness.	

[CLOSED-END COVERAGE ONLY. IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN, THIS INSURANCE WILL NOT BE ENOUGH TO COMPLETELY PAY OFF YOUR LOAN.]

[DISABILITY CAUSED BY PRE-EXISTING CONDITIONS MAY NOT BE COVERED.]

[TERMINAL ILLNESS. You can file a claim if you have a terminal illness which in the opinion of a licensed physician will result in your death in [6] months or less. Receipt of a terminal illness benefit may be taxable, and you should seek assistance from a personal tax advisor. Payment of a terminal illness benefit will stop all coverage under this certificate.]

FREE LOOK: THE PURCHASE OF THIS INSURANCE IS COMPLETELY VOLUNTARY. I CAN CANCEL THIS INSURANCE AT ANY TIME. IF I CANCEL WITHIN 30 DAYS AFTER I RECEIVE THIS CERTIFICATE ANY PREMIUM CHARGED WILL BE CREDITED TO MY ACCOUNT.

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DO NOT SIGN BELOW UNLESS YOU HAVE READ THE STATEMENTS ABOVE.

X _____ Date of Birth _____
PROPOSED PRIMARY DEBTOR (APPLICANT)

X _____ Date of Birth _____
PROPOSED JOINT DEBTOR (APPLICANT)

American Modern Life Insurance Company

7000 Midland Blvd., Amelia, Ohio 45102

(Called the Company, We, Us, or Our)

CERTIFICATE NUMBER: [XX 123456789]

SCHEDULE

<input type="checkbox"/> OPEN-END	MONTHLY OUTSTANDING BALANCE CREDIT LIFE & DISABILITY INSURANCE				<input type="checkbox"/> CLOSED-END				
PRIMARY DEBTOR [JOHN DOE]		SS # [xxx-xx-xxxx]		ADDRESS [123 Any Street, Any City, XX 00000]		AGE [35]			
JOINT DEBTOR (Life only)		SS #		ADDRESS		AGE			
CREDITOR BENEFICIARY [ABC Credit Union, 987 Any Street, Any City, XX 00000]				SECOND BENEFICIARY [Jane Doe, wife]					
Loan #: [91919191919]		Customer # [19191919191]			GROUP POLICY # [987654 XX]				
LOAN:				Effective Date		Term in Months		Expiration Date	
Amount Financed: \$[10,000.00]		Balloon Amount: \$[10,000.00]		LIFE ONLY		APR		%	
LIFE INSURANCE:				Effective Date		Term in Months		Expiration Date	
Initial Amount of Insurance: \$[10,000.00]		Closed-End Estimated Premium: \$[.xxxxx]							
<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life		Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____							
Coverage Selected: <input type="checkbox"/> Standard Benefit		<input type="checkbox"/> Truncated: Closed-End ONLY		<input type="checkbox"/> Life with Terminal Illness Benefit					
DISABILITY INSURANCE				Effective Date		Term in Months		Expiration Date	
Monthly Disability Benefit: \$[1,000.00]		Closed-End Estimated Premium: \$[.xxx]							
<input type="checkbox"/> Single Disability		Open-End Monthly Premium Rates per \$1,000: Single: _____ Joint: _____							
Coverage Selected: <input type="checkbox"/> Standard		<input type="checkbox"/> Truncated: Closed-End ONLY		<input type="checkbox"/> Standard with Lump Sum Benefit					
<input type="checkbox"/> Critical Period:		Maximum Number of Monthly Benefit		[12]					
[Pre-Existing Medical Condition Exclusion Applies: <input type="checkbox"/> Yes <input type="checkbox"/> No]				Waiting Period [30] DAYS		<input type="checkbox"/> Retroactive		<input type="checkbox"/> Non-Retroactive	
Maximum Limits Apply Per: <input type="checkbox"/> Loan <input type="checkbox"/> Debtor		Maximum Term of Insurance Life: [120] Months Disability: [120] months		Maximum Amount of Life Insurance: \$[10,000]		Maximum Monthly Disability Benefit \$[1,000]		Maximum Total Disability Benefit: \$[10,000]	
Maximum Age [on Effective Date] [at Loan Maturity]: LIFE: [70] years DISABILITY: [65] years				When Insurance Stops: YOUR [71]st birthday for LIFE YOUR [66]th birthday for DISABILITY					
APPLICATION:									
[CIRCLE ANY CONDITION(S) FOR WHICH YOU HAVE, IN THE PAST [2] YEARS, RECEIVED MEDICAL ADVICE OR TREATMENT.]									
Primary Debtor		[IF JOINT COVERAGE IS SELECTED, EACH DEBTOR MUST INITIAL EACH CONDITION THEY CIRCLED.]					[Joint Debtor]		
[Yes No] [<input type="checkbox"/> <input type="checkbox"/>		[THIS INSURANCE WILL NOT COVER YOU FOR ANY CONDITIONS THAT ARE CIRCLED.]					[Yes No] [<input type="checkbox"/> <input type="checkbox"/>		
[<input type="checkbox"/> <input type="checkbox"/>		1. Have you, In the past [2] years received medical advice or treatment or prescription medication for: [AIDS (Acquired Immune Deficiency Syndrome)] [or] [HIV (Human Immunodeficiency Virus)] [cancer], [tumor], [alcohol or drug abuse], [chronic obstructive pulmonary disease (COPD)], [high blood pressure] [for which [2 or more] medication(s) has(have) been prescribed], [stroke], [mitral (heart) valve damage], [coronary artery disease], [myocardial infarction (heart attack)], [heart arrhythmia], [insulin dependent] [diabetes] [for which [2 or more] medication(s) has(have) been prescribed], [lupus], [renal failure], [cirrhosis of the liver], [hepatitis], [irritable bowel syndrome], [Crohn's disease], [kidney], [liver], [heart] [circulatory] disease or disorder, [immune system disorder], [emphysema], or [any disease, disorder, or injury of the [brain], [heart], [kidney(s)], [liver], [lung(s)], or [nervous] [or cardiovascular] system]?]					[<input type="checkbox"/> <input type="checkbox"/>		
[ADDITIONAL] QUESTION[S] FOR DISABILITY BENEFITS: (AVAILABLE FOR THE PRIMARY DEBTOR ONLY)									
[<input type="checkbox"/> <input type="checkbox"/>		2. Have you, In the past [2] years, received medical advice or treatment or prescription medication for, [carpal tunnel syndrome], [an emotional or mental disorder or condition], [rheumatoid arthritis], [degenerative disc disease], [herniated disc], [strained or sprained back muscle], [knee cartilage or ligament damage], [whiplash or strained or sprained neck], [or an injury, disease, or disorder of the [back], [knee], [neck], [shoulder], [spine], or [joints]].							
[<input type="checkbox"/> <input type="checkbox"/>		3. Have you, during each of the [4] weeks prior to the effective date shown above, been: a) actively at work for wages or profit; and b) physically present at your place of employment and performed substantially all of the duties of your occupation or employment for at least 30 hours per week?							

IMPORTANT NOTICE: The truthfulness of your answers will not be investigated until a claim is filed. We are relying on the truthfulness of your answers in issuing a Certificate of Insurance. If you [cannot] [do not] truthfully answer ["NO" to questions 1 and 2, or "YES" to question 3 above] [the questions above], you should not sign this Application or pay the premium or accept delivery of the Certificate of Insurance because any claim may be denied. No one has the authority to alter or waive our requirement of truthfulness.]

[CLOSED-END COVERAGE ONLY. IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN, THIS INSURANCE WILL NOT BE ENOUGH TO COMPLETELY PAY OFF YOUR LOAN.]

[DISABILITY CAUSED BY PRE-EXISTING CONDITIONS MAY NOT BE COVERED.]

[TERMINAL ILLNESS. You can file a claim if you have a terminal illness which in the opinion of a licensed physician will result in your death in [6] months or less. Receipt of a terminal illness benefit may be taxable, and you should seek assistance from a personal tax advisor. Payment of a terminal illness benefit will stop all coverage under this certificate.]

FREE LOOK: THE PURCHASE OF THIS INSURANCE IS COMPLETELY VOLUNTARY. I CAN CANCEL THIS INSURANCE AT ANY TIME. IF I CANCEL WITHIN 30 DAYS AFTER I RECEIVE THIS CERTIFICATE ANY PREMIUM CHARGED WILL BE CREDITED TO MY ACCOUNT.

ARKANSAS INSURANCE DEPT. TOLL FREE TELEPHONE NO. 1-800-852-5494

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DO NOT SIGN BELOW UNLESS YOU HAVE READ THE STATEMENTS ABOVE

X _____ Date of Birth _____
PROPOSED PRIMARY DEBTOR (APPLICANT)

X _____ Date of Birth _____
PROPOSED JOINT DEBTOR (APPLICANT)

GROUP CREDIT INSURANCE MASTER POLICY APPLICATION

is hereby made to

AMERICAN MODERN LIFE INSURANCE COMPANY

Amelia, Ohio

(Called we, us, our, or the Company)

for: ☐ Open-end Monthly Outstanding Balance

for: ☐ Closed-end Monthly Outstanding Balance

Group Credit Insurance Master Policy covering eligible Debtors of:

CREDITOR NAME. [Any Creditor and subsidiaries, affiliates or related companies]

(Called Policyholder, you, or your)

CREDITOR ADDRESS. [Any Street, Any City, Any State 00000]

PREMIUM CALCULATION METHOD

☐ Monthly

☐ Balance upon which finance charges are calculated ☐ Average daily balance ☐ Ending balance

☐ Daily

LIFE COVERAGE

To be eligible, the Debtor must: (a) be under age [66]; (b) agree to pay the required premium; and (c) have accounts that are in good standing with you. When Joint Life coverage is elected, the Joint Debtor must also meet the eligibility requirements. No coverage is provided to any partnership, corporation, or association.

Benefit Provided:

☐ Single Coverage

☐ Joint Coverage

☐ Full Term

☐ Truncated Term

☐ Standard Life

☐ Standard Life with Terminal Illness Benefit

Suicide Exclusion

☐ is included

☐ is excluded

Maximum Amount of Life Insurance per Debtor

[\$[10,000.00]

Maximum Term for Closed-End Coverage

[120] months

DISABILITY COVERAGE

To be eligible, the Debtor must: (a) be persons under age [66]; (b) agree to pay the required premium; and (c) have accounts that are in good standing with you.

Benefit Provided:

☐ Single Coverage

☐ Truncated Term

☐ Full Term

Retroactive

☐ 14-Day

☐ 30-Day

Non-Retroactive

☐ 14-Day

☐ 30-Day

☐ Standard Benefit

☐ Standard with Total & Permanent Lump Sum Benefit

☐ Critical Period:

Maximum # of Critical Period Benefits ☐ 12

☐ 24

☐ 36

Pre-Existing Condition Exclusion

☐ is included

☐ is excluded

Maximum Amount of Disability Insurance per incidence. **[\$[5,000.00]**

Maximum Monthly Benefit **[\$[5,000.00]**

Maximum Term for Closed-End Coverage

[120] months

A signed copy of this Application is to be attached to the Policy. It is agreed that this Application replaces any previous Application for the Policy.

This insurance will be effective from 12:01 A. M. Standard Time at your address on the date this Policy is issued. The undersigned represents that he or she has the authority to act for the Creditor in making application for a Monthly Outstanding Balance Group Credit Insurance Master Policy to **American Modern Life Insurance Company**.

Date : _____

Creditor (Policyholder)

Place: _____
City State

by _____
Signature

Title

ARKANSAS INSURANCE DEPT. TOLL FREE TELEPHONE NO. 1-800-852-5494

If you have any questions regarding your insurance or should a problem or complaint arise, please contact us. at 7000 Midland Boulevard, Amelia, Ohio 45103 [513-XXX-XXXX]. You may also obtain assistance from the Arkansas Insurance Dept., Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904, 501-371-2640.